Alberta Health Services

April 2011

Alberta Health Services

2011 2015 Health Plan

Statement of Accountability

This four-year Health Plan for the period commencing April 1, 2011, was prepared under the Board's direction in accordance with the Regional Health Authorities Act and direction provided by the Minister of Alberta Health and Wellness.

The strategic direction and priorities of Alberta Health Services have been developed in the context of legislated responsibilities, the Alberta Health and Wellness business plan, provincial government expectations as communicated by the Minister, and the Alberta Health Services Mandate and Roles document.

Performance measures are included as the basis for assessing achievements.

The board and administration of Alberta Health Services are committed to achieving the planned results laid out in this four-year Health Plan.

Respectfully submitted on behalf of Alberta Health Services,

"Original Signed"

Ken Hughes

Chair, Alberta Health Services Board Chair

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Foreword from the President and Chief Executive Officer

In conversations and consultations with Albertans, they have told us they want a health system that is there when they need it and that puts people first. They want health care that:

- Supports individuals, families and communities to be healthy
- Provides quality care and engages them in decision making
- Meets the differing needs of Albertans while improving the overall health of Albertans

It is our responsibility, along with our partners in health, to deliver on these requirements. We are building a health system that actively supports healthy communities, identifies risk of illness as early as possible and works with individuals to prevent or minimize the impact of illness. In addition, we need to provide quality, accessible and sustainable care for Albertans. This means Alberta Health Services will be targeting our resources to these priorities.

This plan is aligned with *Becoming the Best: Alberta's 5 – Year Health Action Plan 2010 – 2015*, and continues to build on *Improving Health for All Albertans 2010 – 2015*, which sets out the priorities and the strategies. Change, as we all know, does not happen quickly or easily, particularly where many of the challenges we face have been long standing. Progress will require focus and continuity of priorities. We have therefore established key Transformational Improvement Programs (TIPs) to focus our work on fundamental changes we need to see in primary care, access to services and continued care supports. In addition, we have established system-wide measures to track our progress on this journey to ensure we are achieving the outcomes we anticipate.

Our journey of improvement has started. We have a compelling vision, goals and targets for improvement across the continuum of care. Our vision is to support every Albertan to enjoy a higher standard of health and health care. Albertans should:

- Live longer and enjoy a high quality of life, through a focus on children and families, injury and disease prevention, and healthier social and physical environments
- Have access to primary health care in the right place, at the right time and by the right provider helping to prevent, detect and manage illness in the community
- Know what to expect with clear standards for access and wait times
- Have improved quality of care and decreased wait times
- Have improved choices and options for continuing care needs

Alberta Health Services has the ability to work closely with partners in delivering this vision and this transformation. We have the capacity to share learning and best practice quickly across our province; we can create more equity and efficiency in our services. Alberta Health Services is continuing to develop quality supporting infrastructure and will in time support a world-class health system. We recognize the importance of developing clinical leadership, developing and using research and innovation, building measurement and analytics, standardizing care, and using cutting-edge technology and information systems. Many of these improvements are already under way to support our vision of becoming the best.

Dr. Chris Eagle

President and Chief Executive Officer

April 2011

Executive Summary

The Alberta Health Services *2011 – 2015 Health Plan* outlines how the organization intends to fulfill its mandate over the next four years. Consistent with the Regional Health Authorities Act and the *Alberta Health Services Mandate and Roles Document* December 2010, this Health Plan is presented as a proposal to the Minister of Health and Wellness.

Numerous "drivers for change" and service responses have been examined to develop this plan. Key priorities, strategies and actions have been identified in six major areas, which are outlined in detail in the plan. Actions outlined in this plan are aligned with *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015* and are intended to significantly improve health care. This will be monitored through a number of performance measures.

Priorities identified for 2011 – 2015 and associated actions are summarized and presented under each of the legislated responsibilities. Transformational Improvement Programs (TIPs), initiated in 2010/2011, which group significant change activity into five major theme areas, will continue and are included in this Health Plan.

The five major legislated responsibilities are:

1. Assess on an ongoing basis the health needs of the health region.

Major health disparities exist in Alberta that vary among specific populations by gender, education, income, and other indicators of disadvantage or inequitable opportunities. Not only are the consequences of disparities devastating for individuals and families, but it is clear they are costly and many are preventable. Alberta Health Services has initiated and will continue developing a collaborative approach within the organization and with other stakeholders to reduce disparities and improve the health outcomes of vulnerable subpopulations in Alberta. The organization will continue to work with select communities to confirm existing needs and resources and to develop plans to address these needs. Work will continue on the development of consistent health needs assessment methodology and to link this work with other strategic and integrated service planning activities in the organization.

2. Determine priorities in the provision of health services in the health region and allocate resources accordingly.

Priorities through 2015 are reflected in the actions outlined under the collaborative work to address the health of the population and the five Transformational Improvement Programs (TIPs). Key actions to the end of 2011/2012 are identified in this plan. In addition, significant progress has been made in defining processes and assessment criteria that will support the prioritization of strategies, actions and investment, redeployment of funds or disinvestment.

Key measures and performance targets are identified to monitor progress and allow for the adjustments necessary to achieve progressive targets. Priorities identified in the *2010 – 2015 Health Plan: Improving Health for All Albertans* will continue and focus on the areas of:

- Staying Healthy/Improving Population Health (in collaboration with Alberta Health and Wellness)
- Building a Primary Care Foundation (TIP)
- Improving Access, Reducing Wait Times (TIP)
- Choice and Quality for Seniors (TIP)
- Enabling Our People to Achieve Excellence in Providing Health Services (TIP)
- Enabling One Health System (TIP)

3. Ensure that reasonable access to quality health services is provided in and through the health region.

Actions under three of the key Transformational Improvement Programs identified support the achievement of this responsibility area. These are:

- **Building a Primary Care Foundation.** Patient-centred, coordinated and comprehensive health care provided through a robust primary care system has been shown to improve the health of a population and to increase the efficiency of health-care delivery. It is imperative Alberta Health Services, in partnership with Alberta Health and Wellness, offer Albertans access to the best primary care system. This provides the most effective opportunity for Albertans to maintain good health and access the services they need. This program of change is designed to address all aspects of primary care, including increasing the number of Albertans with access to a primary care physician and health-care team, timely access to primary care team members and more speciallized levels of care if needed and improving access to addiction and mental health services.
- **Improving Access and Reducing Wait Times.** Timely access to health-care results in better clinical outcomes. The development of provincial standards for clinical practice and wait times and standardized clinical pathways will help stabilize and improve access to care. Specific initiatives will focus on reducing wait times in emergency departments, wait times to see a specialist and to receive treatment as well as continuing care. Improving quality and safety are also priorities.
- **Choice and Quality for Seniors.** One in five Albertans will be seniors within the next 20 years. It is imperative seniors have access to the services and supports they need to to remain healthy and independent as long as possible. More investment in supportive living is required to expand choice for seniors and to ensure seniors receive the right care at the right time, in the right place. Priorities identified include: strengthening home care, standardizing assessment and coordination of access to care, improving safety through falls prevention and medication management, increasing community capacity including caregiver support and enhanced respite for family caregivers, and implementing a provincial cognitive impairment and dementia strategy.

4. Promote and protect the health of the population of Alberta and work toward the prevention of disease and injury.

This Health Plan identifies the important collaborative work that must continue with Alberta Health and Wellness and other stakeholders to improve overall population wellness. Health promotion and injury prevention initiatives continue to provide a foundation for this work. As Alberta Health Services moves toward becoming the best-performing publicly funded health system in Canada, activities must continue to address health-care disparities across the province and also to meet the needs of vulnerable populations. Actions will focus on enhancing screening programs, increasing immunization, preventing chronic disease, supporting healthy living and healthy weights, and building and delivering culturally appropriate services and health promotion initiatives to Aboriginal people.

5. Promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.

The Health Plan outlines actions underway to develop and deliver health services that meet the needs of individuals and communities. This work is linked to the actions underway to assess the health needs of Albertans and includes significant work with select communities throughout Alberta Health Services' five Zones. This work includes community needs assessments with additional communities in 2011/2012 and the development of zone-integrated operational plans.

Also, Alberta Health Services will continue to work closely with the 12 Health Advisory Councils that have been established throughout the province, as well as other stakeholders. This will help to ensure service models and plans are developed in a manner that considers and is responsive to individual, family and community context.

As a relatively new organization, Alberta Health Services is continuing to build a strong provincial system of services, realizing the advantages of one health region. Actions in support of the integration of the delivery of services to patients and their families are described within the Staying Healthy/Improving Population Health, Building a Primary Care Foundation, Improving Access, Reducing Wait Times, and Choice and Quality for Seniors sections of this Health Plan.

In addition, work is continuing on building foundational systems that support the work of all parts of Alberta Health Services. Actions under two of the key Transformational Improvement Programs support this responsibility area. These are:

- **Enabling Our People to Achieve Excellence in Providing Health Services.** The performance of our health system is directly related to the people who provide care and services to individuals, families and communities across the province. Alberta Health Services is committed to empowering staff and physicians to provide quality and safe care. Priorities within this Transformational Improvement Program include the development and implementation of a clinical workforce plan and recruitment strategy, a leadership development strategy, a performance management system, a just and trusting culture initiative, and ongoing work on health, safety and wellness initiatives, as well as collaborative labour relations and the total rewards program. This work is supported by significant attention to staff and physician engagement in support of a patient- and family-centred culture, change management strategies and effective communication programs.
- **Enabling One Health System.** The delivery of quality, safe health-care services depends on efficient and effective supports. The development of key business systems and processes that support service delivery will realize economies of scale and help standardize and streamline policies and procedures. Work will continue across 2011 – 2015 on the consolidation and implementation of major business systems in the areas of information technology for business and clinical areas, human resources, finance, purchasing, and data management. In addition, initiatives will continue to enhance integrated service planning and to support providing staff and physicians with information to better support decision making. This will also include ensuring accountability is properly delegated and measurement systems are in place, a single provincial environment facilitates and fosters health research, and the development of a framework to support the transfer and uptake of knowledge in support of service innovation and improvement.

As Alberta Health Services continues to engage others to define what success looks like for Albertans and for the organization, a series of specific performance measures will gauge whether Alberta Health Services is meeting its goals or needs to improve. A major goal is to provide access to services at the right time in the right place, for the right need, and by the right provider. This means continued refinement in the ability to assess the health needs of Albertans, including by where they live, responding in an integrated manner at local and provincial levels. Decisions will be based on best evidence, assessment of the impact of potential actions on a variety of dimensions and managing the resources of the organization in a diligent manner to ensure we are indeed supporting the health of Albertans.

Alberta Health Services has committed to the government, and to communities, that progress will be shared in a transparent and public manner.

Context

Mandate of Alberta Health Services

Alberta Health Services coordinates and delivers a provincewide system of health services. This provincial approach to health-care delivery provides a platform to improve efficiency, foster collaboration, promote equity across Alberta, share best practices, and introduce provincial standards for quality and safety.

The legislated responsibilities of Alberta Health Services outlined in Section 5 of the *Regional Health Authorities Act* are to:

- Assess on an ongoing basis the health needs of Albertans
- Determine priorities in the provision of health services in Alberta and allocate resources accordingly
- Ensure that reasonable access to quality health services is provided in Alberta and through Alberta Health Services
- Promote and protect the health of the population in Alberta and work toward the prevention of disease and injury
- Promote the provision of health services in a manner responsive to the needs of individuals and communities and that supports the integration of services and facilities in Alberta

The Alberta Health Services *2011 – 2015 Health Plan* is a public accountability document, required by legislation to be submitted to the Minister for approval. It describes at a strategic level the actions Alberta Health Services will take in carrying out its legislated responsibilities with a primary focus on delivery of quality health services. The roles, responsibilities and accountabilities of Alberta Health Services are further described in the Alberta Health Services Mandate and Roles document.

Governance

Alberta Health Services Board

The Board is responsible for coordinating the delivery of health supports and services across the province and supports the mandate of the Minister of Health and Wellness to improve access to care and to create a sustainable health system. The Board reports directly to the Minister. Governance at Alberta Health Services is a highly collaborative and inclusive process. The Board acts pursuant to the *Regional Health Authorities Act*.

Alberta Health Services Board members:

Ken Hughes, Board Chair	John Lehners
Catherine Roozen, Vice-Chair	Irene Lewis
Dr. Ray Block	Stephen H. Lockwood Q.C.
Teri Lynn Bougie	Don Sieben
Dr. Ruth Collins-Nakai	Dr. Eldon Smith
Strater Crowfoot	Sheila Weatherill
Dr. Kamalesh Gangopadhyay	Gord Winkel
Don Johnson	

Health Advisory Councils

Albertans continue to provide input on local health issues across the province through 12 Health Advisory Councils. The Health Advisory Councils consist of 10 to 15 members, including a chair, and each represents a different geographical area.

All Health Advisory Council members are appointed by the Alberta Health Services Board. The mandate of the Councils is to provide feedback about what is working well and what needs improvement in the health-care system. The Councils engage residents and report on the local perspectives of health-care delivery in communities across the province. There is further discussion about Health Advisory Councils later in this document.

Mission, Vision, Values, and Strategic Direction

The **mission** of Alberta Health Services is:

To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

The **vision** of Alberta Health Services is:

To become the best performing publicly funded health system in Canada.

The four **values** underpinning achievement of this mission create a shared understanding about how Alberta Health Services staff and physicians relate to each other as well as to patients and the public. These values guide the way services are delivered, define the organization, and are part of the strategic foundation. These values include:

Respect	Accountability	Transparency	Engagement

Our **strategic direction** is structured around three key **goals**. Our future success will be measured by the health and wellness of Albertans, their ability to access the system, and Alberta Health Services' ability to meet these goals within sustainable budgets.

Quality	health-care services are safe, effective and patient-focused
Access	appropriate health-care services are available
Sustainability	health-care services are provided within available resources both now and into the future

The strategic direction contains eight areas of focus:

- Improving access
- Decreasing wait times
- Fit for the future
- Living within our means
- Workplace of choice
- Improving population health
- Responsive to consumers and communities
- Learning and improving

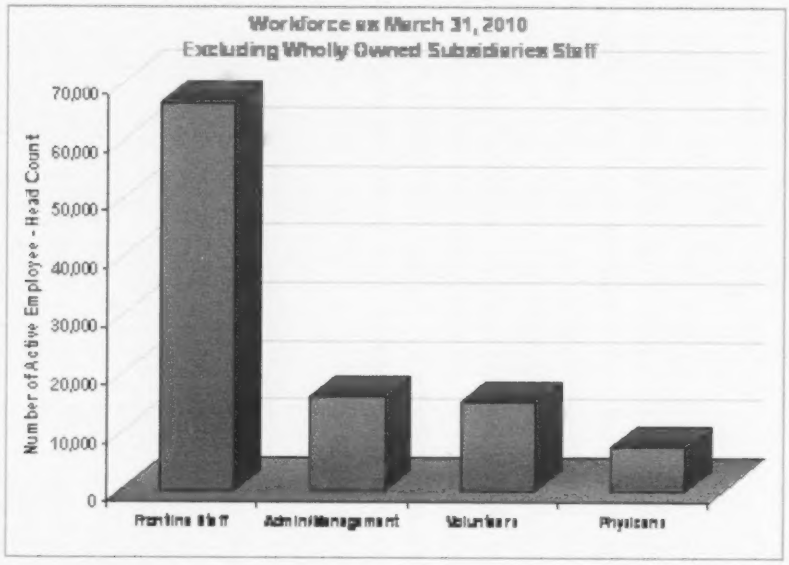
This strategic direction has been further shaped by the joint Alberta Health and Wellness and Alberta Health Services document *Becoming the Best: Alberta's 5–Year Health Action Plan 2010 – 2015*. All activity within Alberta Health Services is aligned with this 5-Year Action Plan and is intended to support the achievement of mutual targets in a variety of areas.

Who We Are/Quick Facts

Who We Are

We are the 117,000 skilled and dedicated health professionals, support staff, volunteers and physicians who promote wellness and provide care to 3.7 million Albertans and residents of southwestern Saskatchewan, southeastern British Columbia and the Northwest Territories. This includes approximately:

- 82,500 direct Alberta Health Services employees
- 12,000 staff working in Alberta Health Services wholly owned subsidiaries such as Carewest, Capital Care Group and Calgary Laboratory Services (excludes Covenant Health staff)
- 15,000 volunteers
- 7,400 physicians (total physician count for Alberta, both employed and independent physicians); and
- Students from universities and colleges in Alberta and out of province who receive clinical education in Alberta Health Services facilities



Programs and services are offered at 400 sites throughout the province. These sites include hospitals, clinics, continuing care facilities, mental health facilities and community health centres.

This province also has an extensive network of community-based services designed to assist Albertans maintain and/or improve their health status. Alberta Health Services contracts with a range of providers, including Covenant Health, municipalities, volunteer and private organizations to deliver health services.

As well, Alberta Health Services collaborates with universities, colleges, Alberta Education and Technology and Alberta Health and Wellness to facilitate and foster research to improve health services and the health status of Albertans.

Alberta Health Services, in collaboration with others, provides a variety of health promotion, health protection, and direct health services to Albertans. The following information provides a high-level illustration of the volume and magnitude of services delivered by Alberta Health Services.

Alberta Health Services Quick Facts

Annual Service Volumes (2009/2010)

Acute Care	
1,953,000	Emergency department visits
125,900	Urgent care visits
362,300	Hospital discharges
2,522,000	Hospital days
50,700	Births
7	Days average length of hospital stay

Diagnostic/Specific Procedures	
3,129	Elective hip replacements
4,126	Elective primary knee replacements
165,950	MRI exams
350,780	CT exams
59,135,000	Laboratory procedures

Primary Care/Home Care	
107,000	Home care clients
1,030,000	Health Link calls
377,000	EMS calls/events

Addiction and Mental Health	
15,000	Mental health hospital admissions (average stay of 20 days)
493,000	Outpatient community mental health visits
2,400	Treated for addiction problems (average stay of 20 days)

Cancer Care	
510,000	Cancer patient visits
46,000	Cancer patients receive treatment, care and support

Facilities

There are 103 facilities (98 acute care hospitals and 5 stand alone psychiatric facilities; this includes 65 acute care beds in the Lloydminster Hospital, Saskatchewan).

Number of Beds/Spaces	As of March 31, 2010*	As of March 31, 2012 Projected
Hospital - Acute Care **	7,777	8,061
Non Hospital Sub-acute	418	418
Psychiatric - Stand-Alone Facilities	867	911
Addiction Treatment	1,409	1,421
Continuing Care	19,554	20,854
Palliative and Hospice	162	182
Other Community Beds/Spaces: (Mental Health and Community Support Beds)	510	545
Alberta Total	30,697	32,392

Source: Alberta Health Services

* Bed numbers as of March 31, 2010, were revised to adjust for beds incorrectly reported in the 2010/2011 Health Plan.

** Includes 65 beds at Lloydminster Hospital in Saskatchewan

NOTE: Targeted 360 hospitals beds by March 31, 2012, included 20 palliative beds now reported under Palliative, 12 Detox under Addiction, and 44 Acute Mental Health under Psychiatric - Stand-Alone Facilities

Development of the *2011 - 2015 Health Plan*

This four-year health plan for the period commencing April 1, 2011, builds on our previous *2010 – 2015 Health Plan: Improving Health for All Albertans*. It was prepared under the direction of the Board in accordance with the *Regional Health Authorities Act* and direction provided by the Minister of Health and Wellness. The strategic direction and priorities of Alberta Health Services have been developed in the context of legislated responsibilities and provincial government expectations as communicated by the Minister.

This plan supports a provincial government vision of achieving "Healthy Albertans in a Healthy Alberta". The actions in this plan align with those identified in *Becoming the Best Alberta's 5 – Year Health Action Plan 2010 – 2015*, and further the mutual goal of system excellence. Actions in this plan also support the priorities outlined in Alberta Health and Wellness' Business Plan 2011 – 2014, which include:

- Strengthening health system governance, accountability, planning and measurement
- Implementing strategies related to public health and healthy living including emergency preparedness, communicable disease and outbreak management, provincial screening programs and others
- Further developing the primary health-care system, management of access and wait times, and development and use of workforce
- Furthering excellence in health care through the introduction and integration of new and existing technologies; the development and implementation of a provincial plan for cancer care; further implementation of health technology assessment processes; expansion of home care and community capacity for supportive living; actions to lower drug prices; continued implementation of a provincial framework for emergency medical services

The development of the *2011-2015 Health Plan* incorporates input from a variety of sources. This includes the priorities for change established by Alberta Health and Wellness, a review of feedback by patients and consumers, an analysis of demographics, and identification of the most significant and pressing issues related to the health of people in Alberta as a whole and geographically. In addition, the strength of the health system was reviewed and the performance and progress on current initiatives were examined. Input from staff and physicians in Alberta Health Services and from members of the Health Advisory Councils also helped inform the development of this plan. A summary of select drivers for change is included in this Health Plan with additional detail provided in Appendix I.

This plan will be refreshed every year, and provides the foundation for other enabling plans throughout the organization such as the Alberta Health Services Capital Plan, the Information Technology Plan, the Workforce Plan, and other service-specific plans.

The five legislated responsibilities of Alberta Health Services have been used to provide the structure for the presentation of the *2011 – 2015 Health Plan*. The major priorities and activities undertaken by Alberta Health Services, including the five Transformational Improvement Programs and the collaborative work with Alberta Health and Wellness, are grouped under these responsibilities. It should be understood, however, that these legislated responsibilities are undertaken in an integrated manner.

The Alberta Health Services' Strategic Direction, priorities, enablers and expected results are illustrated on this page.

PRIORITIES

- Building a Primary Care Foundation (TIP)
- Improving Access, Reducing Wait Times (TIP)
- Choice and Quality for Seniors (TIP)
- Staying Healthy/Improving Population Health (AHW/AHS Collaboration)
- Enabling Our People to Achieve Excellence in Health Services (TIP)
- Enabling One Health Service (TIP)

ENABLERS

- Financial plan
- Workforce
- Physical infrastructure
- Information technology
- Risk management
- Research and innovation
- Quality improvement
- Engagement

EXPECTED RESULTS

- Patient-focused system
- Improved quality, safety and access to acute care
- Faster access to appropriate continuing care option
- Access to appropriate primary health-care provider when and where needed
- Live longer and enjoy a high quality of life

Fulfilling Responsibilities – Our Strategic Priorities

This section of the Health Plan outlines the actions Alberta Health Services will take to fulfill its legislated mandate over the next four years. Significant action is planned under all responsibility areas to ensure the development and delivery of services to meet the needs of Albertans. In fulfilling its responsibilities, Alberta Health Services has identified five significant improvement initiatives called Transformational Improvement Programs. In addition, Alberta Health Services and Alberta Health and Wellness are working collaboratively to help individuals and families to stay healthy and to improve the health of the population. These priority focus areas are described in the appropriate legislated responsibilities section of this Health Plan.

1. Assess on an Ongoing Basis the Health Needs of Albertans

An important step in developing and delivering health services to Albertans is determining both local and provincial health needs. In developing this Health Plan, a variety of drivers for change were examined and are summarized below.

1.1 Drivers for Change

Many influences contribute to the demand for and delivery of a quality, accessible and sustainable health system. In developing the *2011 – 2015 Health Plan*, Alberta Health Services examined a number of factors that contribute to the need for changes in how services are supported and delivered. This information helped identify where change is needed and will focus the organization in addressing priority areas over the next four years. A description of the drivers examined and the service response required for each driver is contained in Appendix I of this plan. Data sources and more detailed analyses are contained in the Alberta Health Services *Health Plan Environmental Scan – Technical Document March 2011*.

The determination of priority needs was developed by examining health indicators from existing quantitative data sets, recent internal and external consultations, reports and qualitative studies. Information for the health needs assessment was analyzed by zones as the unit of comparison where possible.

The following is a brief overview of indicator categories:

- **Consumer voice**: While Albertans are generally satisfied with the quality of care they receive once they get into the system, the system itself is not easy to access. Access to a family doctor, wait times, availability of services in communities, and sustainability of the health system are concerns. Albertans also indicated they want to be more actively involved in their own care and they want better education about improving their health and an increased focus on staying healthy.
- **Demographics and health needs:** Alberta's population is growing, aging and becoming more diverse. While Albertans are generally healthy, persons with disabilities, lone parents, recent immigrants, refugees, and Aboriginal people are disproportionately represented among those with low income and in poor health. Differences in health status are also evident between rural and urban areas with rural areas having increased rates of death caused by cancer and heart disease, unintentional injuries, and suicide and self inflicted injuries. Disparities also exist between different areas within zones. In addition, the impact of chronic disease is substantial and growing with 30 per cent of Albertans reporting having at least one of seven select chronic health conditions. Obesity rates are escalating both provincially and nationally.
- **Primary care/Primary health care:** Primary care is the care individuals receive at the first point of contact with the health-care system, usually provided by family physicians and other health-care providers. Insufficient access to a family physician may result in higher use of other parts of the health-care system. The percentage of Albertans with a regular family physician (80.5 per cent) is lower than the national average (84.4 per cent). The number of Albertans who report having a family physician is lower in the North Zone than in the rest of the province. There are fewer physician resources available (per 1,000 population) in North, Central and South Zones.

- **Access and appropriate service:** Timely access to services is identified as an issue for Albertans, although the public is generally satisfied with care when they receive it. Lengthy wait times in emergency departments and in access to surgery, cancer care and continuing care are of particular concern. Wait times for a Health Link nurse response, primary care team, and for specialty care are areas where need for improvement has also been identified. There is significant variation across the province in average length of stay and hospital separation rates. Matching level of care and setting of care to patient and family needs is also seen as important as patients are often admitted to hospital for conditions that may be treated in the community.
- **Patient safety:** Patient safety is key to providing quality services and supporting positive outcomes for patients and families. While former regions maintained patient safety protocols, consistent and provincewide standards for safety are identified as important components of serving patients effectively. The need for a single provincial reporting and learning system, increased standardization for practice, and a system for addressing patient concerns were identified as important components of improving patient safety.
- **Seniors health:** Currently about one in ten Albertans is a senior. This is expected to increase to one in five by 2031. Seniors' health service use increases significantly with age. More than four out of five Canadian seniors living at home suffer from a chronic condition. Seniors want to live in their homes for as long as possible and have accessible health services, but may lack home and community supports. Also, there are not enough facility based spaces to meet the current need for seniors who are waiting — either in the community or in acute care settings — for continuing care.
- **Workforce:** Like many other countries, Canada is experiencing a shortage of registered nurses that is expected to worsen over the next decade. Projections are based on assumptions about the way in which nursing care is delivered. Future nursing and other health workforce planning will need to include the current direction for collaborative, patient/family-centred models of care and appropriate use of the knowledge and skills of all health-care providers, including an expanded role for pharmacists, nurse practitioners, midwives, and other practitioners.
- **Workplace:** The performance of the health system is directly related to the staff and physicians who provide services. Recruiting, engaging and retaining a skilled workforce will require attention to factors such as professional autonomy and scope of practice; culture that appreciates individual and interdisciplinary team contribution; healthy and safe workplaces; available developmental/learning opportunities; and clear priorities, accountability and communication.
- **Sustainability challenges:** Alberta is not alone in experiencing the challenges of sustaining a system that can respond to the changing needs of the population while maintaining responsible quality service delivery and fiscal prudence and accountability. Alberta has a higher per capita expenditure, but a total life expectancy slightly below the national average. Pressures include an aging population, rural and remote service delivery, rising expectations and new technologies. The formation of a single health entity provides the opportunity to leverage the benefits of system consolidation and support uniform practice, standardize care and design alternatives to hospital admissions for conditions suitable for community management. Increased attention is also required to address the direct and indirect costs resulting from health disparities among geographies and populations in the province.

1.2 Actions

In 2011 actions will be undertaken to further refine methodologies and systems required to monitor, assess and understand the health needs of Albertans. These actions include:

- Working with Alberta Health and Wellness and others to ensure appropriate health status information is available by community, local area, zone and provincially.
- Continuing to develop data repositories, data quality improvement, data analysis, and knowledge management and transfer activities to support provincial and local service planning and performance reporting.

- Working under the direction of the Chief Medical Officer of Health to prepare a report on the health of Albertans. This report will present information related to a number of health indicators for the province overall and for specific geographic areas organized by zone. This report will be produced on a regular basis and will provide a basis for ongoing assessment of the health of the population of the province.
- Continuing to work with communities throughout the province to assess health and service needs and to develop plans for service delivery that respond to local needs while leveraging the advantages of the broader provincial standards and services. As we further develop understanding of local needs and integrated service responses at the community level, we can further improve the services we offer with a focused approach in key communities.
- Undertaking a long-term health needs assessment in collaboration with leaders, both within Alberta Health Services and externally, to assess the changing demand for health services across Alberta over the next 20 years. This assessment will build upon the work initiated across many parts of the health system, and engage the organization and a number of stakeholders in the synthesis of plans and strategies. Identification of trends and projections and review of service innovations of the future will lead to the formulation of key recommendations for designing service models that adapt to the evolving needs of Albertans and create a sustainable, cost-effective health system.

2. Determine Priorities in the Provision of Health Services in Alberta and Allocate Resources Accordingly

The previous section identified some of the key drivers that need to be addressed to improve the health of Albertans and to advance our goals of improving access, quality and sustainability. It is clear not all Albertans enjoy the same health status or similar or timely access to health services. While Alberta spends more per capita on health services than other provinces, Albertans do not get quicker access to health services or appreciably better population outcomes.

If Alberta Health Services is to fulfill its mandate and realize its vision of becoming the best-performing publicly funded health system in Canada, it must take action to:

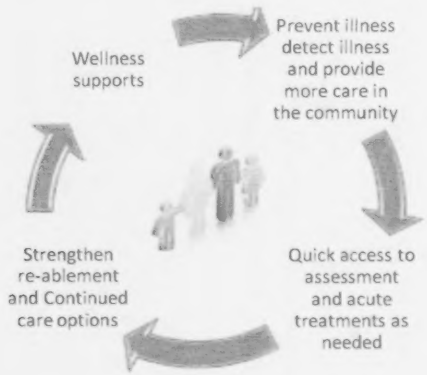
- Respond to the expectations of Albertans for patient- and family-centred care that respects their needs and values, and for services and programs tailored to the needs of communities
- Increase focus on helping people and communities stay healthy
- Meet the needs of a growing and aging population
- Address disparities in rural areas and low socioeconomic populations, such as those with disabilities, lone-parent families, recent immigrants, refugees and Aboriginal people
- Address chronic disease
- Improve access to a range of services including team-based primary care and invest in improved patient flow
- Provide care in the most appropriate setting and in a timely manner
- Address patient safety
- Develop a workforce that will meet future needs and provide a flexible, challenging, safe and satisfying work environment
- Improve information and measurement systems to support decision making
- Leverage the benefits of one health system through adopting quality clinical practices including standardizing pathways of care, anticipating needs, fostering innovation and promoting better outcomes

The preceding list is not exhaustive, but illustrates the multifaceted and coordinated work required to address current challenges and to truly transform the health system. A more complete list of service responses required is contained in Appendix I. Transformation is not an instant process and will require careful consideration of priorities, appropriately phased actions and appropriate alignment or realignment of resources to achieve the best outcomes, now and into the future.

2.1 Integrating Service Response

As we develop our service vision and strategies, Alberta Health Services will organize these changes around two fundamentally important and interlinked relationships. These are:

- How services are organized to meet the patients' needs for quality, accessible and sustainable care, from initial assessment through to treatment and discharge or ongoing care. This means designing our system along key pathways of care – describing the life events when health-care needs arise from birth to death and when treatment is needed. (This is briefly described in the following.) We will design these pathways based on best evidence and quality, and measure the improvement.
- How services are shaped with communities and other partners to best improve health and prevent early onset of illness and injury. This second relationship requires focus on specific improvement goals tailored to these communities and groups, developing cross cutting inter-ministerial supports and enabling local ownership of this improvement.


Wellness supports
Prevent illness detect illness and provide more care in the community
Strengthen re-ablement and Continued care options
Quick access to assessment and acute treatments as needed

As a first step toward this vision of integration and improvement, we have further identified our change efforts into the delivery stages of wellness, primary care, access and flow, and seniors care. Each of these pieces inter-relates and is supported by other improvement programs. Understanding the overall root cause of delays in access to the right care in the right place at the right time and by the right provider, across the continuum, has revealed specific change efforts that can be delivered through these focused areas.

2.2 Establishing Priorities

We have aligned our work with *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015* and organized our approach to improving the performance of our health system with the two interlinked relationships described earlier in in section 2.1. As previously outlined in the *2010 - 2015 Health Plan*, a group of three Transformational Improvement Programs (TIPs) have been identified which are intended to significantly improve the way we deliver care in Alberta. These are:

- Building a Primary Care Foundation
- Improving Access, Reducing Wait Times
- Choice and Quality for Seniors

Two additional TIPs have been identified to improve the way we support our people to deliver this care, and improve the way our organization operates. These two are:

- Enabling Our People to Achieve Excellence in Providing Health Services
- Enabling One Health System

In addition, activities have been identified that will be undertaken in partnership with Alberta Health and Wellness to improve the health of the population, address health disparities and strengthen the emphasis on wellness throughout Alberta.

Significant enabling plans related to finance, infrastructure, information technology and workforce have been developed and aligned with the priorities and outcome targets identified in this Health Plan.

Driver diagrams for each of the five Transformational Improvement Programs are presented in Appendix II. We have used cause-and-effect diagrams to identify and graphically illustrate the factors that are seen as key drivers for each of the TIPs. Diagrams have also been developed to illustrate the interventions identified which will have the biggest impact. This includes both short- and long-term strategies. The driver diagrams are useful to ensure the focus is on underlying causes and upstream measures at the same time as we address the immediate issues.

Establishing priorities is an essential part of the organizational decision making process. Ensuring that decisions on resource allocation are aligned with the established priorities and support the strategic direction described in this Health Plan is facilitated by a consistent approach and methodology/framework. Alberta Health Services is developing a priority setting/value assessment framework that will promote investment of resources where they will have the most impact on moving the organization toward achieving the outcomes and targets in the *2011-2015 Health Plan, Becoming the Best, Alberta's 5-Year Health Action Plan* and Alberta's Health System Performance Measures (Tier One Measures).

The priority setting/value assessment framework will provide a consistent, transparent approach to assess the benefits, risks and costs of major strategic initiatives, including Transformational Improvement Programs, at a high level. The framework incorporates a scale-based scoring system which enables very different proposals to be understood in terms of relative merit. It will be used to support decisions for investment, disinvestment or reallocation of resources identifying value for dollars invested, supporting the case for major change and determining priorities in the organization. The framework can also be used to help assess the sequencing or phasing of initiatives or projects. Additional information on the priority setting/value assessment framework is presented in Appendix III. It should be noted this framework is in a preliminary form and will be refined over time.

2.3 Allocating Resources

Stable funding through 2014/2015 is an important component of transformational change in Alberta Health Services. Known funding allows for longer-term planning and the investment/reinvestment or disinvestment of resources to support priority initiatives and achieve performance targets.

The five-year funding commitment provides Alberta Health Services with the ability to make long-term plans, while maintaining budget control. In previous years, Alberta Health Services' predecessor organizations were increasing spending by 10 to 11 per cent annually. Therefore, even with the significant increase in the five-year funding commitment, Alberta Health Services must maintain tight control over its spending to ensure sustainability into the future.

Financial Plan for 2011/2012

The Alberta Health Services 2011/2012 Operating Budget and Business Plan is intended to serve the population of Alberta by ensuring appropriate access to quality, sustainable health services. This is the second year of a five-year funding commitment made by Government to support Alberta Health Services in fulfilling its mandate. This commitment provides funding increments of 6 per cent for the next two years of the arrangement and 4.5 per cent for the final two years. The increase in operating funding for 2011/2012 is $545 million.

The 2011/2012 Operating Budget and Business Plan represents the operating plan for the strategic direction set out in Alberta Health Services' *2011 – 2015 Health Plan*. The 2011/2012 Operating Budget and Business Plan includes an allocation of over $550 million for innovation in key targets and priorities identified in the Health Plan.

The actions outlined in this Health Plan and *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015* form the basis of the 2011/2012 Operating Budget and Business Plan.

The 2011/2012 budget priorities include:

- Continued investment in transformational change priorities to support initiatives which will improve services today and position the organization for continued improvements into the future. Focused investments on transformational change initiatives occur on an annual basis. Specific improvements expected in 2011/2012 include: reduction of surgical and emergency department wait times; reduction in the number of alternative level of care patients in acute care beds; improved choices for seniors; and improvement in the quality and integration of corporate services
- Priority areas for funding: opening of the South Health Campus in Calgary; obesity, diabetes and chronic disease management initiatives; colorectal cancer reduction initiatives; workforce planning and process improvement; children's mental health programs and the development of a comprehensive addiction and mental health strategy for the province; initiatives to strengthen standardized, accessible and equitable home care services; and primary care
- Support for necessary expansion of bed capacity through increased operating budget allocations
- Allocations for the ongoing impact of planned initiatives which were started part-way through last year and will incur the first full year's costs in this fiscal year
- Provision for compensation cost pressures and vacant positions which will be filled during the year

Additional detail regarding budget allocation will be included in the Alberta Health Services 2011/2012 Operating Budget and Business Plan.

2.4 Measuring and Monitoring Progress

In addition to establishing key priorities, Alberta Health Services will measure and report on progress. A number of measures have been established in collaboration with Alberta Health and Wellness which correspond to each of the Transformational Improvement Programs. These measures will allow us to monitor how we are doing and to adjust actions as necessary to achieve the identified targets. Further work will be undertaken with Alberta Health and Wellness to refine current measures and to develop additional measures.

We will be actively monitoring our progress in achieving our goals, and providing staff and physicians with data needed to improve performance and results. We will report our progress to the government and the public, providing the level of transparency expected of our publicly funded organization.

This document includes Alberta's Health System Performance Measures (Tier One Measures). It should be noted some of the current performance measures are being used because of their availability, ease of access or because they have been reported historically. Alberta Health Services strongly believes we have an excellent opportunity to develop more clinically relevant measures – ones that help to move the organization forward. In addition, measures need to enable the public to understand the value provided by health funding expenditure.

We will work with Alberta Health and Wellness, consumers, clinicians and the Health Quality Council of Alberta to develop these measures.

It should also be noted that an ongoing challenge with monitoring progress relates to the assurance of data quality and integrity. Much work has been done over the past two years to improve the consistency, reliability and validity of definitions used throughout the province and with Alberta Health and Wellness. Continued effort will be focused in this area.

2.5 Aligning Goals, Targets, and Performance Agreements

To support advancing this plan, it is critical the performance of Alberta Health Services' president and chief executive officer, executive, staff and physicians throughout the organization is measured in ways that align with the plan's targets and goals. The performance agreements for 2011/2012 for executives are cascaded throughout the organization, and provide the foundation for annual performance appraisals.

3. Ensure that Reasonable Access to Quality Health Services is Provided in and through Alberta Health Services

Albertans have identified long-standing issues of access to services as an area of concern. While wait times in emergency departments are a particular focus, access to a family physician and other primary care services, specialists, cancer treatment and continuing care services have also been identified as needing improvement.

Transformational Improvement Programs have been established to address:

- Building a Primary Care Foundation
- Improving Access, Reducing Wait Times
- Choice and Quality for Seniors

These three programs of change are described further in this section of the Health Plan. The information focuses on the macro description of the change required, while more detailed work is ongoing in translating this effort into clinical pathways and local integrated improvement plans.

Performance measures and targets presented in this and subsequent sections of this Health Plan are Tier One Measures, as detailed in the November 30, 2010, document Alberta's Health System Performance Measures, unless otherwise identified.

Transformational Improvement Program

Building a Primary Care Foundation

WHY IS THIS IMPORTANT?

Strengthening Alberta's primary care foundation is one of our top priorities. Primary care is the front door to health care with the patient's first point of contact often being a visit to the family physician. The case for primary care is well established: stronger primary care leads to better health outcomes and more efficient health-care delivery.

With the aging population and chronic disease on the rise, it is imperative we offer Albertans access to the best primary care system. This will help them maintain good health and access the services they need, when they need them.

We also need to support individuals with addiction and mental health problems, complex chronic conditions and seniors through coordinated services provided by a primary care team.

WHAT WILL WE ACHIEVE BY 2015?

Every Albertan will have a responsible primary care physician and health-care team.

People will be seen by a primary care team member within two days.

Access to appropriate 24/7 primary care services will be available.

Timely and appropriate access will be available to more specialized levels of care coordinated by the primary care team.

Support for self-management of complex conditions and chronic disease, including addiction and mental health, will be provided by a primary care team.

Albertans will have access to care and resources to manage and improve their health.

Reliance on acute care will be reduced as a result of improvements in primary care.

WHAT ACTIONS ARE WE TAKING?

Developing a new collaborative primary health-care strategy and primary care model.

Using new primary care strategies, including screening, specialist referral processes, case and/or self-management to build comprehensive, coordinated, integrated networks to manage chronic disease and complex conditions.

Improving access to treatment for addiction and mental health.

Increasing emphasis on health promotion in the community with initiatives such as:

- Increasing prevention of injury and disease including diabetes, high blood pressure and chronic pain
- Targeting tobacco reduction, obesity and alcohol consumption

Improving 24/7 access to services and ensuring appropriate services are delivered in the appropriate time and place. This includes Health Link Alberta, urgent care centres, primary care services/Primary Care Networks.

Strengthening primary care through advanced access and linkages with Alberta Health Services programs and services.

Using self-management programs for complex conditions and diseases.

Improving quality and safety of care through patient-centred approaches.

Enhancing service delivery to disadvantaged and vulnerable populations including single targeted approaches such as registries and clinical care pathways.

Developing new models to fund primary care teams and infrastructure requirements that improve quality and safety.

Using a population-based health status/needs approach to community assessment, and shared planning to integrate primary and community health service delivery.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

Driver Diagrams for this initiative will be developed in 2011/2012.

3.1 TIP - Building a Primary Care Foundation

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets 2011/2012	2012/2013	2013/2014	2014/2015
Improving **immunization rates**	In conjunction with zone operations, develop a seasonal Influenza plan that addresses the need to increase immunization coverage rate for influenza. [4.22] Develop a mass immunization and rapid response plan to be included in pandemic plans. In conjunction with zone operations, develop plans to address childhood immunization rates. This will include review of evidence-based strategies to address immunization and consultations to identify: 1) barriers to immunization 2) barriers to access immunization clinics 3) need for parent education/consultation and 4) immunization data collection across the province. [4.21]	**Prevention of communicable diseases** [1.17] **Rates of seasonal influenza immunization by age group in all service zones:** • children aged 6 to 23 months • adults aged 65 years and older	16% (2009/2010) 56% (2009/2010)	75% 75%	2013	2013/	75% 75%
		[1.18] **Rates of childhood immunization by two (2) years of age in all service zones:** • diphtheria/ tetanus/ acellular pertussis, polio, Hib • measles/ mumps/rubella	83.8% 89.3% (2008/2009)	97% 98%	2014	2014/	97% 98%
Apply and advance a patient-focused model of **primary health care** that offers care in the community, and provides a team-based provider approach.	Complete a primary health-care strategy and primary care model. Strategic priorities addressed will include funding models, access to specialty care, infrastructure, inter-professional teams, involvement of nurses and other health-care providers, information technology/ information management (IT/IM), quality improvement indicators and Governance. [3.2, 3.18, 3.19] Expand access to primary health-care teams. (Work with AHW to increase access to Primary Care Networks for 100,000 individuals.) [3.1] Develop quality improvement strategies (e.g. Access Improvement Measures) to reduce wait times to see a primary care provider. [3.4]				2015		

*Numbers in brackets [ ] refer to short-term actions identified in *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015.*

**Numbers in brackets [ ] refer to measures included in *Alberta's Health System Performance Measures (Tier One) November 30, 2010.*

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Reduce the number of **hospital visits and admissions** that could have potentially been prevented through the provision of appropriate non-hospital health services.	Develop a provincial pathway for improving diabetes care in Alberta in alignment with the Chronic Disease Management Strategy. This includes quality improvement to reduce diabetes hospital admissions. Develop a provincial pathway for improving care for Albertans who are overweight or obese.	[1.10] **Ambulatory care sensitive conditions** [1] Rate of hospital admissions for health conditions that may be prevented or managed by appropriate primary health care. (rate per 100,000 population under the age of 75) [2,3]	285 (2009-2010)	297	282	280	280
	Implement Chronic Disease Management (CDM) Strategy including: • Develop CDM supports for diverse and vulnerable populations • Develop effective screening for CDM in primary care • Develop a provincial integrated community based CDM program model • Develop, standardize and evaluate approaches to self-management • Establish a framework that allows integration of chronic disease registries to identify populations and improve management of disease • Develop system wide case management model in collaboration with Seniors Health • Develop a provincial education strategy for inter-professional care in CDM • Share information and best practice to prevent and manage chronic disease. [3.15] Implement an Alberta referral directory. Implement Personal Health Portal. [3.12] Work with AHW to consult with health-care professionals to develop policies for a primary navigation model for use in Alberta's health-care system. [1.26] Develop urgent care and community health centre models and standards: • Develop urgent care decision support framework • Develop urgent care staffing mix model and service delivery standards • Complete community ambulatory care centre review and recommendations • Develop provincial framework and standards for community health centres	[1.11] **Family physician sensitive conditions** Percentage of emergency department or urgent care centre visits for health conditions that may be appropriately managed at a family physician's office.	28% (2008-2009)	25%	23%	22%	22%

[1] Ambulatory care sensitive conditions include: angina, asthma, chronic obstructive pulmonary disease (COPD), diabetes, grand mal seizures/epileptic convulsions, heart failure/pulmonary edema, and hypertension.

[2] Source: Canadian Institute for Health Information (CIHI). *Health Indicators 2010*. Ottawa, Ont.: CIHI, 2010.

[3] The ACSC rate for Alberta is 285. According to provincial analyses, Ambulatory Care Sensitive Condition (ACSC) rates are lower in the Calgary and Edmonton Zones, and higher in the South, Central, and North Zones, compared to the Alberta rate.

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Improve the availability and accessibility of **addiction and mental health services** for Albertans in community settings, especially services for children and youth.	In collaboration with AHW, develop one provincial strategy and a comprehensive action plan for addiction and mental health services with a focus on: [3.9] • Suicide prevention • Treatment of depression • Standardized screening and assessment for mental health disorders • Improved services for children and youth at risk • More access to mental health services in correctional and remand centres • Professional development for staff Work to further develop services including: • Add new hospital and transition beds for mental health patients [3.5] • Add at least 35 new mental health community spaces throughout Alberta and 65 mental health staff to schools and clinics [3.6, 3.7] • Adopt a concurrent capable approach for addiction and mental health services through development and implementation of standardized screening and assessment; includes training staff in organizations serving young adults to screen, assess and intervene in cases related to addiction (Edmonton, Red Deer, Calgary) [3.8] • Develop a framework for clinical development and support with identified core competencies and required professional development/training systems Continue to implement the Children's Mental Health Plan for Alberta. All 23 actions will be underway with evaluation mechanisms in place. Implement the In Roads program to improve access to screening, assessment, referral, early intervention and treatment services for youth and young adults (12 to 24 years) who are at risk for, or have developed a substance use problem. Evaluate key actions from 2009/2010, including Community Treatment Orders (CTOs) and Safe Communities initiatives. Increase the access and quality of addiction and mental health services (assessment, treatment and transition) provided within Alberta correctional and remand centres. Develop a provincial sourcing strategy for addiction and mental health contracted services.	[1.16] **Access to children's mental health services** Percentage of children aged 0 to 17 years receiving scheduled mental health treatment within 30 days [4]	78% (2008/2009)	90%	92%	92%	92%

[4] This measure is the time a child waits from the point of referral to the time he/she is seen by a therapist. "Scheduled" means that the child has symptoms or problems that require attention, but the symptoms or problems are not emergent or urgent.

Transformational Improvement Program

Improving Access, Reducing Wait Times

WHY IS THIS IMPORTANT?

Timely and appropriate access supports good clinical outcomes. Deterioration of health is reduced, unnecessary duplication of investigations is avoided and the burden to patients, families and supports is minimized as much as possible.

Over the last 10 to 15 years access to services has become increasingly difficult due to a number of factors, including disease complexity, system expansion and reorganization, public expectation, and workforce changes. Alberta Health Services recognizes the need to address each of those components in order to achieve optimal outcomes for Albertans.

The development of provincial standards for clinical practice and wait times will assist in stabilizing and improving access, quality, sustainability, and promote intra-provincial equity.

WHAT WILL WE ACHIEVE BY 2015?

Long range maximum wait times will be:

- one minute to Health Link
- two days to a member of a primary care team
- four hours length of stay for discharged emergency department visits
- eight hours length of stay for admitted emergency department visits
- one month to specialist, then
  - cancer – one month to treatment
  - non-cancer – 14 weeks to treatment
- one month to continuing care package of care (including long-term care, supportive living and home care)

We will improve service quality and safety through standardized practice and innovation for key services in the acute system.

WHAT ACTIONS ARE WE TAKING?

Developing integrated care pathways through clinical networks for key conditions that account for significant morbidity and mortality. This includes patient information and navigation.

Developing standardized referral, intake, triage content and booking processes to improve access to specialty care.

Reducing length of stay in emergency departments by implementing innovations such as medical assessment unit models.

Improving surgical access through optimized operating room booking and flow and implementing pooled intake models as appropriate.

Improving access to cancer care through flow initiatives and increased capacity.

Developing standardized criteria for access to diagnostic imaging (e.g. MRI) to enable more efficient diagnosis and assessment.

Implementing hospital flow initiatives. This includes using real-time data and adopting an accountability framework for clinicians and operations teams.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

See Appendix II for TIP driver diagrams.

3.2 TIP - Improving Access, Reducing Wait Times

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets 2011/2012	Targets 2012/2013	Targets 2013/2014	Targets 2014/2015
Reduce the wait time for **surgical procedures.**	Improve quality through better access to surgery supported by innovations including: • Develop a standardized approach to assess, refer and book patients with specialists (cancer, cardiac, hip/knee, and cataract) [1.20] • Develop integrated care and treatment plans for at least three major diseases, including mental illness, heart conditions and bone and joint health[1.23] • Surgical network – establish common operating room information systems and common definitions, improve processes from referral to surgical discharge, leading to standardized utilization provincially • Ramp up surgical activity by an additional 3000 surgeries by June 2011 [1.13] • Perform 400 additional endoscopies [1.14] • Implement bone and joint central intake model and practice standards • Roll out cardiac surgery central intake model • Improve utilization of pre-op assessment clinics • Develop common surgical pathways • Develop patient condition/diagnosis descriptions and recommended wait time targets for each surgical specialty group • Create new and innovative contracting methodologies for non-hospital surgical facilities (NHSF)	**Provincewide access to surgery** [1.1] **Wait time for cardiac surgery**: The maximum time nine out of ten people will wait (in weeks) from decision to treat to treatment, for: coronary artery bypass surgery (CABG), by urgency level • Level 1 = Urgent • Level 2 = Semi-Urgent • Level 3 = Scheduled *Source: AHS*	2.4 weeks 7.0 weeks 31.0 weeks (2009-2010)	1 week 2 weeks 6 weeks	1 week 2 weeks 6 weeks	1 week 2 weeks 6 weeks	1 week 2 weeks 6 weeks
		[1.2] **Wait time for hip replacement surgery**: The maximum time nine out of ten people will wait (in weeks) from decision to treat to treatment [5] *Source: AHS*	35 weeks (2009-2010)	27 weeks	22 weeks	18 weeks	14 weeks
		[1.3] **Wait time for knee replacement surgery**: The maximum time nine out of ten people will wait (in weeks) from decision to treat to treatment *Source: AHS*	49 weeks (2009-2010)	35 weeks	28 weeks	21 weeks	14 weeks
		[1.4] **Wait time for cataract surgery**: The maximum time nine out of ten people will wait (in weeks) from decision to treat to treatment (first eye) *Source: Alberta Wait times Registry (AWR)*	41 weeks (2009-2010)	30 weeks	25 weeks	19 weeks	14 weeks
		[1.5] **Wait time for all other scheduled surgery**: The maximum time nine out of ten people will wait (in weeks) from decision to treat to the time of surgery *Source: AWR*	Work is underway to establish wait times by type of surgery				14 weeks

* Numbers in brackets [ ] refer to short-term actions identified in *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015.*

** Numbers in brackets [ ] refer to measures included in *Alberta's Health System Performance Measures (Tier One) November 30, 2010.*

[5] The wait time from referral to an orthopedic specialist, to the time of decision to treat, will be measured in 2013/2014 and 2014/2015. The proposed target is 10 weeks for this wait time.

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Reduce the wait time for **cancer treatment.**	Work with AHW to develop a provincial strategy for Cancer Care that considers immediate and future needs for establishing infrastructure, workforce and activities required for continuous improvement in access, quality and sustainability in Cancer Care [1.18]	**Access to cancer treatment – radiation therapy wait time:** [1.6] The maximum time nine out of ten people will wait (in weeks) from referral to the time of their first appointment with a radiation oncologist, by facility					
	Open new radiation sites in Lethbridge and Red Deer.[1.16]	• Cross Cancer Institute	7.7 weeks	4 weeks	3 weeks	2 weeks	2 weeks
	• The first phase of the Lethbridge redevelopment was completed and patient treatment was started in June 2010. Further work will expand capacity from one to two linear accelerators. In Red Deer, construction started in September 2010 with a target opening date for radiation treatment in Q1 2013.	• Tom Baker Cancer Centre	5.4 weeks	4 weeks	3 weeks	2 weeks	2 weeks
		• Provincial average	7.1 weeks				
	Improve productivity in radiation therapy delivery	[1.7] The maximum time nine out of ten people will wait (in weeks) from the time of a medical prescription for radiation therapy to the start of radiation therapy, by facility					
	• Improved throughput and reduced wait times were achieved in 2010 provincially. Further work using LEAN processes will address the wait times from patient referral to specialist consultation.	• Cross Cancer Institute	6.0 weeks	4 weeks	4 weeks	4 weeks	4 weeks
		• Tom Baker Cancer Centre	4.4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
		• Provincial average	5.6 weeks				
	Establish a cancer patient navigation system that will support coordination of care, access to services and provision of information [1.25]	*Source: AHS*	(2009/2010)				

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Reduce the length of stay for **emergency department** patients.	Establish medical assessment units to support the emergency departments of two major urban centres and evaluate for further implementation provincially [1.1] Add 12 new treatment spaces to emergency department at Stollery Children's Hospital [1.2] Implement emergency department re-direction projects for seniors. Appropriately redirect seniors home from emergency departments, with appropriate supports (e.g. home care) [1.9] Redirect EMS clients to urgent care centres Expand role of emergency medical technicians and paramedics, and implement assessment, treatment and referral protocols to prevent unnecessary emergency department admissions and promote referral to the appropriate health and/or social service [1.8] Implement system flow initiatives in hospitals, including processes for timely and efficient discharge [1.4] Improve patient flow through hospital by adding approximately 360 new hospital beds [1.11] Implement a new over capacity protocol to address crowding pressures and wait times in emergency departments [1.5] Care Transformation Project - Implement the development of an integrated plan of care within 90 minutes of admission, and enable redesign of care delivery for patients admitted to general internal medicine units at the University of Alberta Hospital	**Emergency department length of stay** [1.8] Percentage of patients treated and discharged from the emergency department within four hours: • Busiest 16 sites • All sites Increase number of seniors referred to home care Decrease seniors' admission to acute care *Source: AHS*	63% 80% (2009/2010)	75% 84%	80% 86%	85% 88%	90% 90%
		[1.9] Percentage of patients treated and admitted to hospital from the emergency department within eight hours: • Busiest 15 sites • All sites *Source: AHS*	38% 49% (2009/2010))	60% 65%	75% 75%	85% 85%	90% 90%
Improve access to **Health Link Services**, i.e. telephone advice and health information.	Enhance the role of Health Link Alberta to improve 24/7 access to appropriate services, in the appropriate time and place [1.3]	Percentage of individuals who access the Health Link (a 24/7 telephone advice and health information service) within two/one minute(s). ***(Note**: not a Tier One measure.)*	66% in two minutes (2009/2010)				90% in one minute

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Improve **patient safety** across the care continuum.	Increase standardization and appropriateness for practice by developing clinical pathways through the Clinical Networks Complete full deployment of the Reporting and Learning System (RLS) application (Datix) across AHS Develop and implement a plan for promoting "Just and Trusting Culture" In alignment with the Patient Safety Framework established jointly with Alberta Health and Wellness, develop and implement a quality/safety education and training curriculum to help build internal capability for quality/safety improvement [5.7] Work with AHW to ensure a health response is in place for public emergencies including pandemic, acts of terrorism and natural disasters [5.12]	**Adverse events** [1.19] Percentage of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year.	9% (2009/2010)	9%	9%	TBD	TBD
	Achieve provincial integration of surveillance initiatives for MRSA, *C-difficile* associated disease, and central venous catheter blood stream infections in intensive care units as part of provincewide system for tracking and controlling outbreaks of contagious disease [5.11] Collaborate with AHW to improve provincial standards for prevention and control of infections in health-care facilities [5.8] Increase effectiveness of hand hygiene with implementation of hand hygiene policy/ procedure Ensure infection prevention and control content is available in all health-care settings and sectors to support clinical practice	**Infection prevention and control** [1.20] **MRSA infection rate:** Hospital acquired methicillin resistant staphylococcus infection rate among patients admitted to acute care hospitals in Alberta: incidence of cases per 100,000 admissions	Methodology and definitions to be established in 2011/2012. Targets will be set jointly by AHW and AHS following the collection of baseline data and information on infection prevention and control program activity by AHS.				
		[1.21] **Surgical site infection rates:** Rates of surgical site infections within 30 days of surgery	Baseline results will be available in 2010/2011. Targets will be set following further data review and a review of national benchmarks.				

Transformational Improvement Program

Choice and Quality for Seniors

WHY IS THIS IMPORTANT?

One in five Albertans will be seniors within the next 20 years. It is important that seniors have access to services and supports to remain healthy and independent as long as possible.

More investment in home and supportive living options is needed to extend the choices available to seniors. Strategies that allow for a better service match to needs are also important for the overall sustainability of the system. With more options available and resources to support caregivers, seniors will be able to live independently as long as possible.

WHAT WILL WE ACHIEVE BY 2015?

Seniors will have access to an increased number and range of living options that will meet the growing needs of the aging population and will allow residents to progress easily from one level of care to another.

Seniors will receive standardized assessments and coordination of access to care.

Seniors will have a choice of options for care and access to primary care to support independence and wellness.

All seniors will receive safe, quality care.

Service providers will receive equitable funding based on residents' needs.

Enhanced community resources and primary care services will reduce unnecessary visits to emergency departments and unplanned hospitalization of seniors.

Comprehensive and seamless community supports and services for seniors will be accessible across Alberta.

Services will be standardized across the province based on assessed unmet needs of clients.

All seniors will have access to an appropriate service package within 30 days of assessment.

WHAT ACTIONS ARE WE TAKING?

Strengthening the Home Care Program to allow more seniors the choice to remain in their homes for as long as possible.

Increasing the number and type of living options and spaces across the province through building:

- Accessible and sustainable community living options with coordinated access to continuing care
- A robust seniors health capital and operational plan

Enhancing coordination and standardization of services, through system-wide case management.

Creating better linkages to primary care, addiction treatment, mental health, public health and other health system resources.

Using coordinated access policy and consistent admission guidelines for living options and home care to ensure seniors receive appropriate access and service.

Improving safety through health promotion strategies including comprehensive falls prevention, infection control and medication management.

Implementing a provincial cognitive impairment/dementia strategy and end of life care strategy.

Enhancing the use of technologies to support seniors independence.

Increasing community capacity, including caregiver support and enhanced respite for family caregivers.

Implementing standardized assessment using internationally recognized validated assessment tools and protocols.

Introducing an activity-based funding model to match resources to client needs, including incentives for quality.

Developing a quality and safety framework that includes implementing consistent provincial standards, monitoring compliance, reporting on performance, promoting quality improvement activities and collecting feedback from clients and caregivers.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

See Appendix II for TIP driver diagrams.

3.3 TIP - Choice and Quality for Seniors

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Provide Albertans with **continuing care options** to "age in the right place" by enhancing support services and offering more choice and care options to Albertans in their homes and communities.	With AHW, develop and start to implement a five-year continuing care plan, which will include a full range of living options [2.21] Expand community and long-term care by adding at least 2,300 continuing care spaces (2010/2011 – 2011/2012) to support seniors and people with disabilities [2.1] Implement dementia care strategy, including supportive living beds [2.15] Develop quality mechanisms to ensure quality care is delivered [2.23] Expand options for care to people who are disabled or have other special needs [2.16] Ensure standardized assessment protocols and tools are consistently used Work with AHW to test effectiveness of new technologies (e.g. monitoring and prompting devices) in two communities [2.7]	**Access to continuing care** [1.12] Number of people waiting in an acute care / sub acute hospital bed for continuing care [1.13] Number of people waiting in the community for continuing care	777 (March 31, 2010) 1,233 (March 31, 2010)	375 900	350 850	300 800	250 750
		[1.14] Average length of stay for patients waiting in an acute care/sub acute hospital bed for continuing care: • Patients waiting for long-term care facility placement • Patients waiting for supportive living placement in the community		Targets currently under development with Alberta Health and Wellness			< 30 days < 30 days
Provide Albertans with **home care options** to "age in the right place" by enhancing support services and offering more choice and care options to Albertans in their homes and communities.	Expand availability of home care hours [2.4] Implement consistent homecare policies and service package guidelines [2.5] Increase and enhance education, care, respite and support services for family caregivers [2.10] Enhance options for palliative care to better support the end of life needs of seniors [2.14] Implement falls prevention program	**Home care** [1.15] Number of home care clients by client type: • Short-term client • Long-term client • Palliative care client	107,000 Overall home care clients (2009/2010)	AHW and AHS are to jointly develop annual performance targets for the number of home care clients, by type of client.			

* Numbers in brackets [ ] refer to short-term actions identified in *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015.*
** Numbers in brackets [ ] refer to measures included in *Alberta's Health System Performance Measures (Tier One) November 30, 2010.*

4. Promote and Protect the Health of the Population in Alberta and Work Toward the Prevention of Disease and Injury

Major health disparities exist in Alberta that are differentially distributed among populations by gender, education, income and other indicators of disadvantage. Not only are the consequences of disparities avoidable, they are costly. Clearly a coordinated effort is required to promote and protect the health of all Albertans and to address disparities.

Alberta Health Services is developing a collaborative approach within Alberta Health Services and with other stakeholders to reduce health disparities and improve the health outcomes of vulnerable subpopulations in Alberta. This work includes establishing leadership and building organizational capacity to develop, implement and sustain and/or enhance necessary system links, engage key stakeholders, and reorient health services to address priority health disparity goals. This work will contribute to achieving transformational improvement goals and coordinating existing and new initiatives to increase the potential impact on disparity related health outcomes.

Together, Alberta Health and Wellness and Alberta Health Services have established a strong agenda for improving the health of all Albertans through a focus on wellness, health promotion, and disease and injury prevention. Alberta Health Services will work collaboratively with Alberta Health and Wellness and others to more fully define all of the actions required in this arena, with joint planning activities being undertaken during 2011/2012.

Alberta Health and Wellness and Alberta Health Services have jointly identified Staying Healthy/Improving Population Health as an area for collaboration. Additional information on this collaborative initiative follows:

Alberta Health and Wellness / Alberta Health Services Collaboration

Staying Healthy/Improving Population Health

WHY IS THIS IMPORTANT?

The health of individuals and Alberta as a whole is affected by several factors: the socioeconomic environment; where we live and work; genetic makeup, the presence of risks to health; individual lifestyle choices; and access to health services and supports. Taken together, these factors determine how healthy we are as individuals and as Albertans.

Public Health identifies and investigates the causes of poor health and acts on those causes to improve the health of the population by preventing disease, illness and injury; protecting populations from health risks; and promoting healthy public policies, environments and behaviours. Successful performance of the Public Health mandate results in a better health status for the whole population and reduced demand for treatment services. This contributes to the sustainability of the Alberta health system.

WHAT WILL WE ACHIEVE BY 2015?

Strategies will be created to address social and physical environments that enhance wellness and promote healthier behaviours, as well as increase access to programs that prevent disease and injury.

Access will increase to cancer screening programs for early detection and to minimize the need for interventions.

We will increase care for vulnerable populations through better access to care and through addressing other determinants of their health.

Rates of tobacco use, poor nutritional status, alcohol misuse, physical inactivity, stress and injuries (intentional and unintentional) within the population will be decreased.

Health disparities across the province will be decreased.

Albertans will enjoy better quality of life.

The integration and health system response to population needs will improve.

Programs, interventions and targets will be standardized across the province, allowing for specific local contexts.

WHAT ACTIONS ARE WE TAKING?

Building a comprehensive, integrated provincial program to deliver culturally appropriate health services and health promotion initiatives to Aboriginal people across the continuum of care.

Developing strategies, resources and policies to reduce alcohol consumption and alcohol-related harm (e.g., FASD, impaired driving, cancer).

Developing a comprehensive tobacco prevention and cessation system that spans schools, workplaces, primary care, acute care and community settings.

Creating and implementing models to improve organizational capacity for addressing health disparities and enhancing health literacy.

Implementing health promotion strategies and interventions for vulnerable Albertans.

Implementing and advocating for a comprehensive and integrated set of programs and policies to promote healthy weights in schools, workplaces and community settings.

Increasing quality and outreach to improve access to and participation in cancer screening programs.

Improving capacity (skills, knowledge, resources, measurement) to promote mental health and resiliency across the life span.

Collaborating with community partners to implement the Alberta Traffic Safety Plan, the Alberta Occupant Restraint Program and the Alberta Suicide Prevention Strategy (including the Aboriginal Youth and Communities Empowerment Strategy – AYCES).

Implementing recommendations from the Food Safety Review.

Developing and implementing a comprehensive sexually transmitted infections control plan.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

4.0 Staying Healthy/Improving Population Health

Priorities for Action	Actions* (in collaboration with AHW) Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets 2011/2012	2012/2013	2013/2014	2014/2015
Improve population health through the integration of health promotion and disease and injury prevention programs with other health-care delivery services, as well as better coordination between health and other government and municipal sectors.	**Screening programs** Complete the breast cancer screening program application development project; initiate cervical and colorectal cancer screening program database development project Enhance collaboration with Primary Care Networks, zones, and other services along the screening pathways; coordinate the various population-based screening program components, including breast, cervical and colorectal [4.14] Develop and implement social marketing strategy for breast and cervical cancer screening; develop culturally appropriate and translated public educational resources; update education materials and ongoing health-care professional education and client correspondence [4.14] **Chronic disease prevention** Work with AHW to develop and provide public education materials for the prevention of the most common chronic diseases (diabetes, hypertension, heart disease, kidney failure and depression), including where to get help in the community [4.16] Complete Provincial Oral Health Strategic Plan Develop a strategy to create environments which are conducive to healthy eating, active living and healthy weights in an effort to reduce cancer and chronic disease Explore partnerships and funding to begin implementation across Alberta **Injury prevention** Identify key areas to align and implement suicide prevention work across AHS Complete comprehensive evaluation of the Report Impaired Drivers campaign **Healthy development/Healthy living** Develop strategy to implement provincially A Million Messages – a comprehensive plan to standardize messages given to parents. Messages are simple, consistent, routine, and target children's issues at the appropriate developmental stage *Screening* Newborn metabolic screening: provincial standards and guidelines developed and implemented. Evaluation plan developed [4.3] Preschool developmental screening: five projects and evaluations complete, final provincial evaluation complete, economic analysis complete, plan for next steps developed with cross-ministry committee	**Life expectancy** [2.1] The number of years a person would be expected to live, starting at birth, on the basis of mortality statistics. The number of years a First Nations person would be expected to live, starting at birth, on the basis of mortality statistics.	Life expectancy Both sexes combined, Alberta: 81.0 years South Zone: 80.1 yrs Calgary Zone: 82.4 yrs Central Zone: 80.1 yrs Edmonton Zone: 81.0 yrs North Zone: 79.3 yrs First Nations: 69.31yrs Non-Aboriginal: 81.49 yrs (2009)	Over the next five years, AHW anticipates life expectancy will increase in a manner consistent with the Canadian average, with the goal of having life expectancy in Alberta be above the national average. There is an expectation that the disparities in life expectancy throughout various zones in the province would decrease over the next five years, with the goal of having life expectancy in all geographical zones be above the Canadian average. There is an expectation that there will be an increase in life expectancy among Alberta's First Nations populations over the next five years.			
		[2.2] **Potential years of life lost** [6] The number of years of life a person loses prior to age 75, if they die prematurely due to injury, cancer, heart disease or other cause.	Total population: 47.3 per 1,000 population Males: 57.4 per 1,000 population Females: 37.1 per 1,000 population (2009)	There is an expectation that potential years of life lost will be monitored and improvements will be seen over the next five years.			

*Numbers in brackets [ ] refer to short-term actions identified in *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015.*
**Numbers in brackets [ ] refer to measures included in *Alberta's Health System Performance Measures (Tier One) November 30, 2010.*
[6] Information on potential years of life lost is publicly available on the AHW Interactive Health Data Applications (IHDA) website http://www.ahw.gov.ab.ca/IHDA_Retrieval/

Priorities for Action	Actions* (in collaboration with AHW) Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Improve population health through the integration of health promotion and disease and injury prevention programs with other health care delivery services, as well as better co-ordination between health and other government and municipal sectors. *(continued)*	Safe infant sleep: environmental scan, evidence-based key messages established, strategy developed to support professionals communicating key messages, process and outcome evaluation plans developed Healthy births: jointly with AHW, increase support to healthy births including those targeted at FASD [4.2] Healthy Alberta: work with AHW to promote healthy eating and active living through communities and schools (Comprehensive School Health (CSH) program) [4.1] **Addiction and Mental Health** Finalize development of provincial tobacco cessation framework for AHS Tobacco cessation health professional training standardized Coaching/Knowledge Exchange Community of Practice in place for zone addiction prevention staff Complete evaluation of mental health promotion resources for children, youth and parents and determine future options **Healthy public policy** Complete Strategy for the Built Environment for Health Promotion, Disease and Injury Prevention (HPDIP) and develop framework for reducing disparities (including the social determinants of health). **Environmental public health** Investigate and plan for a new information system province wide for Environmental Public Health Develop strategies to improve restaurant inspection rate **Aboriginal health/reducing disparities** Create partnerships with Aboriginal communities to begin to address health issues and concerns Develop and present cross-cultural education forums Develop a strategic plan to assist Aboriginal people to improve their health Develop an AHS framework and strategy for reducing health disparities **Communicable disease control** Develop and implement a comprehensive sexually transmitted infections (STI) control plan including: • An education and awareness campaign targeted to those at risk of getting an STI [4.18] • Increased availability of prevention coordinators to educate those at risk of getting an STI [4.19]						

5. Promote the Provision of Health Services in a Manner that is Responsive to the Needs of Individuals and Communities and Supports the Integration of Services and Facilities in Alberta

Integration of Services

Alberta Health Services is purposely building integration. We are taking a system-wide approach to improvement – our Transformational Improvement Programs cover prevention, primary care, access and seniors and we are also building integrated care pathways. Our clinical networks are working closely with our strategy leads to develop a whole continuum of care approach, from primary to continuing care to health needs, diseases and events. These care models will be published during 2011/2012 and will be important to informing our vision for care in the future.

We are also integrating at a community level. Work was undertaken in 2010 with local Health Advisory Councils to inform Alberta Health Services' priorities. We now intend to develop integrated plans for each of our five zones. These integrated plans will ensure we have understood the needs of these communities and we have an integrated response across prevention, primary care, access and continued supports. This will be different in each zone, where the needs and stages of progress are different. However, these integrated plans will be informed by the clinical models and pathways and by the change program support offered through the Transformational Improvement Programs, so localized change efforts can draw upon provincial knowledge and support.

It is therefore our intention in the future version of this plan to more comprehensively describe the response of Alberta Health Services to this local needs assessment through work that will be completed later in 2011.

Integration of Core Support Functions

Integration is also necessary for those areas of Alberta Health Services that support delivery of services directly to patients and their families. Transformational Improvement Programs have been identified for priorities related to the health service workforce and workplace and the foundational work necessary to integrate business support services on a provincial basis. These improvement programs have been identified as:

- Enabling Our People to Achieve Excellence in Providing Health Services
- Enabling One Health System

These Transformational Improvement Programs and accompanying actions are outlined in sections 5.1 and 5.2 of this plan.

Transformational Improvement Program

Enabling Our People to Achieve Excellence in Providing Health Services

WHY IS THIS IMPORTANT?

The performance of our health-care system is directly related to the people who provide care and services to the individuals, families and communities we serve. With the current rate of population growth and Alberta's aging population, demand for a skilled workforce is anticipated to continue over the next decade and beyond.

It is imperative Alberta Health Services anticipate future workforce and workplace needs and take action to attract and retain top talent. Alberta Health Services must develop a workforce matched to the needs of Albertans and enable our staff and physicians to provide quality and safe care by providing for appropriate scope of practice, meaningful engagement and the appropriate supports, such as education, an attractive and safe work environment, and the required tools.

WHAT WILL WE ACHIEVE BY 2015?

Alberta Health Services will exceed Canadian benchmarks for patient, employee, physician and volunteer satisfaction rates.

Meaningful engagement will be a routine and expected part of our culture, allowing us to harness tremendous energy, motivation and intellectual capital.

We will provide education, research collaboration, incentives, tools and information to support our people to achieve excellence in health service delivery.

Employees, physicians and volunteers will have a safe and healthy work environment, free from injury.

Employees and physicians will work in an environment that encourages and supports their full scope of practice.

Our culture will embody our values and be patient/family-centred, collaborative, innovative, learning oriented; we value our people, their contributions and encourage personal growth.

Alberta Health Services workforce will be ready for the future with the qualifications, skills, and experience required to provide service excellence that keeps pace with new and emerging practices in health service.

WHAT ACTIONS ARE WE TAKING?

Implementing staff and physician engagement strategies to ensure our people have a voice and role in decisions that affect them, the people they serve and that they have opportunities to influence priorities and organizational performance.

Implementing initiatives that foster a just and trusting culture, enhance experience as well as attract and retain top quality staff and physicians.

Implementing a workforce transformation project to pilot innovative work arrangements; staff and physician recruitment planning; process improvements; and a learning and development strategy for staff that incorporates inter-professional team development.

Implementing staff and physician compensation/ benefits/rewards, recognition programs and a collaborative labour relations strategy. By working with unions, we can improve our work environments and meet the needs of our diverse workforce.

Implementing initiatives to support staff and physician leadership development and learning strategies; competency development; and succession planning, including the operationalization of Physician Management Institute modules.

Implementing a workplace health and safety management system, a healthy workplace action plan, stakeholder engagement and communication strategies and professional development in health, safety and wellness for health workers.

Implementing initiatives that enable staff to fully use their skills, support full scope of practice and achieve benefit through use of multidisciplinary teams.

Developing a clinical workforce model and strategy.

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

See Appendix II for TIP driver diagrams.

5.1 TIP - Enabling Our People

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Efficiently utilize health professionals by matching workforce supply to demand, promoting team-based delivery of services, and allowing health providers to work to the full extent of their education, skills and experience	Complete staff and physician compensation/ benefits/rewards and recognition program Develop a staff and physician learning and development strategy [5.1] Complete clinical workforce strategy and recruitment plan, including staff, physicians and other health professionals [5.3, 5.4] Establish a framework to facilitate effective participation of physicians and physician leaders in AHS accreditation activities Develop an AHS physician communication strategy that includes two way communications	**Health workforce plan** [4.1] Percentage of Alberta university/college registered nurse graduates hired by AHS	TBD	70%	70%	70%	70%
		[4.2] Ratio of AHS staff head count to full-time equivalent (FTE)	1.63 (March 2010)	1.62	1.61	1.60	1.59
	Implement workplace health and safety management system Implement healthy workplace action plan Implement stakeholder engagement and communication strategies Implement professional development in health, safety and wellness for health workers [5.2]	[4.3] **Disabling injury rate** Disabling injury rate (staff injury rate) *Source: AHS*	2.83 (2009/2010)	2.2	1.8	1.5	1.5
Enhance staff and physician satisfaction	Develop and implement strategy to improve workforce/physician engagement based upon feedback received Implement initiatives that foster a just and trusting culture and enhance experience, as well as attract and retain top quality staff and physicians	4.4] **Staff and Physician Engagement** Overall engagement score: percentage favourable • employees • physicians *Source: AHS*	35% 26% (2009/2010)	54% 54%	68% 68%	76% 76%	78% 78%

*Numbers in brackets [ ] refer to short-term actions identified in *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015.*

**Numbers in brackets [ ] refer to measures included in *Alberta's Health System Performance Measures (Tier One) November 30, 2010.*

Transformational Improvement Program

Enabling One Health System

WHY IS THIS IMPORTANT?

Alberta Health Services is the result of the largest merger in Canadian history. Alberta Health Services is committed to developing administrative support systems and procedures that enable staff and physicians to provide excellent health-care services to patients, families and communities. The consolidation of a large number of former health-care entities is a significant undertaking that requires proper planning and determined execution. The delivery of quality, safe health-care services depends on efficient and effective supports.

WHAT WILL WE ACHIEVE BY 2015?

Our staff will have better information to support making decisions.

- Leaders/staff and physicians will have access to
  - Timely, accurate human resources and financial information for managing responsibilities and decision making
  - Information they require to provide the services patients or staff need
  - Information they need to monitor performance in areas such as service access, quality, safety and cost effectiveness
- Accountability will be properly delegated and measurement systems in place

We will add value for money from key business systems.

- Ensure customers, patients, families and the public are engaged and served well
- Make standard provincial measurements and performance information available
- Integrate service information into one model with common reporting
- Ensure the benchmarking of transaction costs will be comparable with other provinces
- Implement processes that will support effective
  - Service planning and prioritization based on population health needs
  - Resource allocations to ensure our resources are aligned with organizational goals and objectives

New business processes will support efficiency and effectiveness using improved processes, policies and technology. Best practice support services will streamline processes for front-line workers.

- Capital resources will be used wisely and there will be appropriate resources to assist with planning and commissioning new facilities and projects.
- Supply contracts will ensure full benefits and competitive costs are realized while supporting business and patient needs.

A single provincial environment will facilitate and foster health research.

A strategy will be implemented for reciprocal acceptance of research ethics review decisions across Alberta's Health Research Ethics Boards.

WHAT ACTIONS ARE WE TAKING?

Developing similar approaches to service models that provide support to enhance the quality and speed of decision making.

Refining processes to ensure efficient and effective supports are provided to enhance service delivery:

- Policies and procedures
- Legal services
- Service planning and priority setting
- Resource allocation

Initiating a benchmarking process to ensure Alberta Health Services support service areas provide quality services in the most cost-effective way possible.

Implementing and consolidating major business systems in the areas of:

- Information technology for business and clinical areas
- Human resources
- Finance
- Purchasing
- Data management

HOW WILL WE MEASURE PROGRESS?

Refer to the action plan on the following pages for performance measures and targets.

See Appendix II for TIP driver diagrams.

5.2 TIP - Enabling One System

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Use **information technology and information management** to improve the quality and cost-effectiveness of health-care service delivery through electronic management and use of medical information. Put in place the consolidated systems and processes to create a sustainable operating environment for AHS. Systems range from human resources/ payroll and finance to clinical information and reference systems.	Review and update the IT Strategy, with input from stakeholders, to reflect updates to AHS directions Implement and consolidate major business systems in the area of information technology for business and clinical areas [5.29] Work with Alberta Health and Wellness to encourage more health-care providers to use the province's electronic health record system to input and access patient information electronically instead of manually [5.20] In collaboration with AHW, add electronic diagnostic imaging records to the provincial electronic health record [5.21] The Phase 1 IT Security Initiative was the first deliverable in the AHSecure Program. In 2011/2012, the AHSecure Program will continue with several other initiatives, including the first major deployment of identity and access management, secure email deployment, IT risk management framework Complete IT roadmaps to facilitate the identification of IT initiatives and priorities	**Information technology and information management** [4.5] Alberta Netcare: Number of physician and nurse users who access the electronic health record system across the continuum of care	10,067 (Highest peak in any one quarter)	+10% increase from 2010/2011	+10% increase from 2011/2012		
		[4.6] AHS Information Technology Strategy: use common processes, tools and information throughout AHS	Email system, networks and IT services are consolidated and optimized	Complete human resources/payroll /finance systems consolidation. Replace 24 systems with 2 systems. Extend Interactive Continuity of Care Record. Complete blueprint for common clinical information systems	Begin rollout of common clinical system: Pharmacy Ambulatory Computerized Physician Order Entry		
		[4.7] AHS Information Technology Strategy: reduction in AHS information technology operating budget support *Source: AHS*	$230 Million (2009/2010)	-5% decrease from 2010/2011	-5% decrease from 2011/2012		
Employ fiscal efficiencies to ensure fiscal responsibility and good stewardship of resources. Reduce duplication and streamline processes to improve efficiencies.	Develop new operating budget process Implement and consolidate major business systems in the areas of finance, human resources, data management and purchasing [5.29] Procure to Pay (P2P) system installed. Install Budgeting and Management Reporting System Complete capital projects reconciliation by year-end audit on time Implement and further expand activity-based funding methodology	**Adherence to five-year budgeted government funding** [4.8] AHS will operate within the approved five-year funding agreement with the Government of Alberta and will not record an accumulated deficit at the conclusion of this period as recorded in the overall audited financial statements.	($527 million)	Variance no greater than + or – 1.5% of the annual funding agreement	Variance no greater than + or – 1.5% of the annual funding agreement	Variance no greater than + or – 1.5% of the annual funding agreement	$ 0 or surplus variance

*Numbers in brackets [ ] refer to short-term actions identified in *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015.*
**Numbers in brackets [ ] refer to measures included in *Alberta's Health System Performance Measures (Tier One) November 30, 2010.*

Key Enablers and Organizational Development

Key Enablers for Successful Change

The successful implementation of change of the magnitude described in this plan requires a wide variety of enablers to be in place. These enablers include how we are organized, how we work with one another and how we use all of our available resources and assets in the most effective way. The key enablers are described briefly below with additional information available in Appendix IV.

Formal plans for finance, workforce, infrastructure and information technology have been developed to support the key priorities of Alberta Health Services. The Financial Plan has been described in section 2.3 of this document.

Workforce

A comprehensive and integrated approach to workforce planning is needed to address immediate and future workforce challenges. An appropriately skilled, utilized and engaged workforce is a key factor in meeting long-term goals in health service delivery. The clinical workforce strategy, which anticipates workforce needs in the future, is important in defining the diverse skills and scope of practice that will be required as the nature of health care evolves to meet the changing needs and characteristics of the population. The Clinical Workforce Strategic Plan provides direction for systemic change by aligning clinical workforce planning with Alberta Health Services' strategic priorities.

Physical Infrastructure

Properly designed and well-maintained health facilities are an essential enabler to achieving the performance goals of the 2011 – 2015 Health Plan. New facilities must be planned in the longer term and constructed to support program models and direction and provide appropriate, additional service capacity where and when needed. The responsibility for planning and implementing large existing and new capital projects is being transitioned to Alberta Infrastructure. Alberta Health Services and Alberta Infrastructure will work closely together in these planning efforts.

Although Alberta Health Services is in the process of transitioning the responsibility for planning and implementing large existing and new capital projects to Alberta Infrastructure, *Becoming the Best: Alberta's 5 – Year Health Action Plan 2010 – 2015 and the 2011 – 2015 Health Plan* will continue to guide our joint capital planning efforts.

Information Technology

Information technology (IT) is a key support to the ongoing development of Alberta Health Services and the delivery of an integrated provincial system of services. All Transformational Improvement Programs (TIPs) are identifying their highest priority actions and the related supporting IT requirements and capabilities. Much of the focus of IT will be directed at supporting the identified priorities. IT will also continue its work on the implementation of the electronic health record, the electronic medical record, electronic documentation, device integration and other essential projects to build and support a stable, secure, interconnected, enabling and efficient information technology environment.

Risk Management

By their very nature, major change programs have numerous risks that require identification, management and mitigation. Risk management of these initiatives will be integrated into the organizational approach to risk analysis and evaluation. There are several categories of risk that need to be considered such as quality and patient safety, external environment and public confidence, human capital, infrastructure and finance.

The following risk management components must be in place:

- Management expertise in delivering redesigned services on a provincial scale
- Change effort adequately resourced. Skills, methods, systems and staff are identified to support change

- Clinical leadership is sufficiently engaged in enabling the delivery of this change
- Investment priorities adequately balance the necessary investment requirements for information technology and capital infrastructure, which will enable change, against pre-existing commitments and ongoing maintenance investment
- Organizational focus on key priorities for improvement and aligning resources for delivery (so daily patient care operations are not at risk from pace and burden of large-scale change)

Additional information related to risk management is included in Appendix IV.

Research and Innovation

Alberta Health Services is committed to using research evidence and best practices to improve health and health-care services. This is included in the Alberta Health Innovation and Research Strategy which emphasizes the translation of research into practice and the use of research in anticipating and responding to the emerging needs of the population. This is a shared objective for Alberta Health Services, universities, Alberta Health and Wellness, and Alberta Advanced Education and Technology.

Alberta Health Services also uses population-based and health service utilization information in planning and delivering appropriate services. Ensuring data quality is essential to monitoring, tracking and improving health system performance.

Quality Improvement

Driving improvement in all areas of clinical services and support functions is essential to delivering on Alberta Health Services' strategic goals of quality, access and sustainability. The availability of a single provincewide improvement approach will enhance our ability to deliver sustained results.

The **Alberta Health Services Improvement Way (AIW)** is an enterprise-wide approach that has been developed and launched. This approach can be applied in both clinical and non-clinical settings and provides a common base for all of Alberta Health Services in seeking to improve the quality and efficiency of services and to share what is learned.

Engagement

Engagement with a variety of stakeholders, both internal and external to Alberta Health Services, is essential to successfully implementing the key priorities that have been identified in previous sections of this plan. Formal structures such as the 12 Health Advisory Councils, the Alberta Clinicians Council and Clinical Networks and the Patient and Family Advisory Council will provide important perspectives that ensure the focus remains on the patient and consistent, quality services are delivered which take into account local needs.

Working in collaboration with stakeholders is also an important enabler to achieve the quality, access and sustainability changes necessary for the "best-performing" health system. Partnerships, both formal and informal, will be at many levels including policy, professional practice, service models and standards, community and others.

Organizational Development

There are a number of other actions and measures that relate to the overall development and functioning of Alberta Health Services that will help us advance our goals. Although many of these foundational actions have been described in other sections of this document, there are performance measures designed to help ensure we are improving overall patient satisfaction with services; that we are fulfilling our reporting obligations to the government; that we are engaging our communities; and that we are improving the quality of our services through accreditation mechanisms. These measures and actions are described in section 5.3 Foundational/Organization Wide.

5.3 Foundational/Organization Wide

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Last Actual (year)	Targets			
				2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Deliver a **patient-focused system** that captures patient perspectives on the care and services they receive in order to improve health system quality and responsiveness to patient needs, and increase patient satisfaction with the care and services they receive.	Use the provincial Feedback and Concerns Tracking System (FACT) implemented March 31, 2011 to monitor results and further develop plans for improvement Develop and implement a patient engagement framework and establish the AHS Patient and Family Advisory Council	**Patient satisfaction** **[3.1] Satisfaction with health care services received:** Percentage of Albertans satisfied or very satisfied with health care services personally received in Alberta within the past year [7]	62% (2010)	66%	68%	69%	71%
		[3.2] **Acute care – hospital services:** Percentage of patients rating hospital care as 8, 9, or 10 on a scale from 0 to10, where 10 is the best possible rating [8]	TBD	TBD	TBD	TBD	TBD
		[3.3] **Continuing care - long-term care facilities** Overall family rating of care at nursing homes, on a scale from 0 to 10. Average score. *Source: HQCA*	8.1 (2008)	TBD	TBD	TBD	TBD
		[3.4] **Continuing care - long-term care facilities** Overall resident rating of care at nursing homes, on a scale from 0 to 10. Average score. *Source: HQCA*	8.0 (2008)	TBD	TBD	TBD	TBD
		[3.5] **Assisted living** [9]	TBD	Planning stage	TBD	TBD	TBD
		[3.6] **Home care** [10]	TBD	Planning stage	TBD	TBD	TBD
		3.7] **Emergency department care – past year:** Percentage satisfied or very satisfied with their or a close family member's services at an emergency department in past year	58%	TBD	TBD	TBD	TBD
		[3.8] **Emergency department care – within three weeks of receiving the service:** Percentage rating emergency department care as excellent or very good within three weeks of receiving the service. *Source: HQCA*	65%	TBD	TBD	TBD	TBD
		[3.9] **Emergency medical services**	Evaluation of patient satisfaction with emergency medical services is recommended as a priority for implementation in 2011/2012				
		[3.10] **Mental health services:** Percent of Albertans who were satisfied or very satisfied with the mental health services they received [11]	74% (2008)	TBD	TBD	TBD	TBD
		[3.11] **Addiction and mental health treatment services** [12]	TBD	TBD	TBD	TBD	TBD

* Numbers in brackets [ ] refer to short-term actions identified in *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015.*

** Numbers in brackets [ ] refer to measures included in *Alberta's Health System Performance Measures (Tier One) November 30, 2010.*

[7] Source: Health Quality Council of Alberta. Satisfaction and Experience with Health Care Services: A Survey of Albertans 2010.

[8] Source: Alberta Health Services. Provincial Hospital – CAHPS Survey.

[9] A client survey on Assisted Living services is in the planning stage with Alberta Health Services and the Health Quality Council of Alberta.

[10] A client survey on Home Care services is in the planning stage with Alberta Health Services and the Health Quality Council of Alberta.

[11] Source: Health Quality Council of Alberta. Satisfaction with Health Care Services: A Survey of Albertans 2008.

[12] Source: Alberta Health Services; under development.

Priorities for Action	Actions* Short Term – March 31, 2012	Performance Measures**	Submission Dates
AHS demonstrates good governance.	Further refine strategy cycle in conjunction with AHW	[5.1] Timely submission of AHS Board-approved Business Plan and a Health Plan to the Minister of Health and Wellness [5.2] Timely quarterly reports are submitted to the Minister of Health and Wellness • Financial Reports • Performance Reports – no later than 90 days after the end of each quarterly reporting period. [5.3] An Annual Report in accordance with Ministry requirements is submitted to the Minister. [5.4] Audited financial statements in accordance with Ministry Financial Directives are submitted to the Minister. [5.5] AHS Board annually submits its findings of a self-assessment of Board performance, with actions to improve governance and quarterly updates on progress achieved.	No later than: July 31 October 31 January 31 September 30 December 31 March 31 July 31 June 30
Effective community engagement and public consultation that supports effective planning, delivery and evaluation of health services.	Hold Health Advisory Council meeting in 2011/2012 Establish provincial advisory councils in support of Cancer Care and Addiction and Mental Health Create work plans for all councils, including mechanisms councils will adopt for engaging the communities they represent Establish website on community engagement which will host useful information for Foundations and Health Trusts Disseminate community engagement framework. The methodology of how to engage the community will be available through multiple channels for all staff	[5.6] AHS Community Advisory Councils are to submit an annual report to the AHS Board describing community needs and AHS's responsiveness to community needs. This annual submission by AHS Community Advisory Councils is to be delivered to the Minister.	
AHS undertakes **accreditation activities** in compliance with the Minister's directive on mandatory accreditation.	Undertake accreditation activities Participate in Accreditation Canada's accreditation process and work within the provincial standards framework Participate in the College of Physicians and Surgeons of Alberta accreditation of diagnostic programs, including Laboratory Services, Diagnostic Imaging, Neurophysiology and Pulmonary Functioning	**Accreditation status of health facilities and programs:** [5.7] AHS and all contracted operators maintain acceptable accreditation status from accrediting organizations deemed acceptable to the Minister [5.8] AHS submits an accreditation report annually that: • Identifies health-care programs to be provided at every AHS and contracted operator site for the upcoming year • Identifies all proposed accreditation activities for the upcoming year for the facilities and programs it operates or contracts (which includes accreditation activities undertaken by organizations acceptable to the Minister) • Summarizes the past year's accreditation activities for the facilities and programs it operates or contracts (which includes accreditation activities undertaken by organizations acceptable to the Minister). The summary is to include a listing of the sites that received site visits from surveyors • Summarizes the quality improvement strategies to be implemented in response to recommendations from accrediting organizations	February 28

Conclusion

The creation of Alberta Health Services was a bold move to advance health service delivery in Alberta. During the past year, much work has been done to provide a strong foundation for moving forward.

While Alberta can be seen as one of the economically advantaged provinces, and Albertans generally report they are healthy, there are clear differences across the province in relation to the health of individuals and populations. In addition, not all Albertans have access to appropriate services in a timely manner. The next four years provide unprecedented opportunities to fundamentally improve the health of individuals in Alberta and to do so in a manner that creates sustainability for the future.

Alberta Health Services is aligning its work with *Becoming the Best: Alberta's 5-Year Health Action Plan 2010 – 2015* and working collaboratively with Alberta Health and Wellness in prioritizing and sequencing the many changes required to truly transform health services in Alberta. This Health Plan describes priority directions and actions grouped by the five legislated responsibility areas of the organization, while recognizing many of these actions address more than one responsibility area. Alberta Health Services has also identified work that must continue in order to build systems and processes to support service planning, delivery and improvement. This Health Plan will be refreshed yearly.

Alberta Health Services must position itself to fully implement these changes; work with patients, the public, our stakeholders and the government; and ensure all staff understand their contribution to achieving this system-wide change.

Appendix I

Drivers for Change

This section identifies and highlights the most significant and pressing issues related to the health of people in Alberta and the strength of our health system. This information helps identify where change is needed and will focus the organization in addressing priority areas over the next four years. Data sources and more detailed analyses are contained in the Alberta Health Services *Health Plan Environmental Scan – Technical Document*.

The determination of priority needs was developed by examining health indicators from existing quantitative data sets, recent internal and external reports and qualitative studies. Information for the health needs assessment was analyzed by zones as the unit of comparison where possible.

The indicators were grouped into the following areas:

- Consumer voice
- Demographics and health needs
- Primary care/Primary health care
- Access and appropriate service
- Patient safety
- Seniors health
- Workforce
- Workplace
- Sustainability challenges

The service response required is identified at the end of each driver section.

Additional information is presented in the driver diagrams included in Appendix II.

Consumer Voice

The people who live in Alberta have diverse backgrounds, varied economic and social circumstances and require or seek a multitude of different things from their health-care system. To obtain the views of Albertans on their health-care system, a variety of recent consumer engagement results were reviewed.

The majority of Albertans have told us they are satisfied with the quality of care they receive once they get into the system. However, the system itself is not easy to access and major concerns still exist around wait times and access to a family doctor. There are still significant barriers to access services for those in rural and remote communities, those with low income, seniors and visible minorities. Some Albertans are affected by several factors at once which may further challenge positive health status. Seniors want to receive the support and care they require while remaining in their own homes and communities as long as they are able.

Albertans want to see more cooperation and communication among service providers including external agencies. They want to be more actively involved in their own care and in promoting health in their communities. They have also asked for better education about the conditions that improve health and an increased focus on how to stay healthy. At a system level, Albertans want ongoing opportunities to be informed and to provide input for health system decisions. Sustainability of the health-care system is of key importance to all Albertans and, to this end, the public is looking for more transparency in reporting performance and health outcomes, including adverse events.

Quality from the patient perspective includes these essential elements:

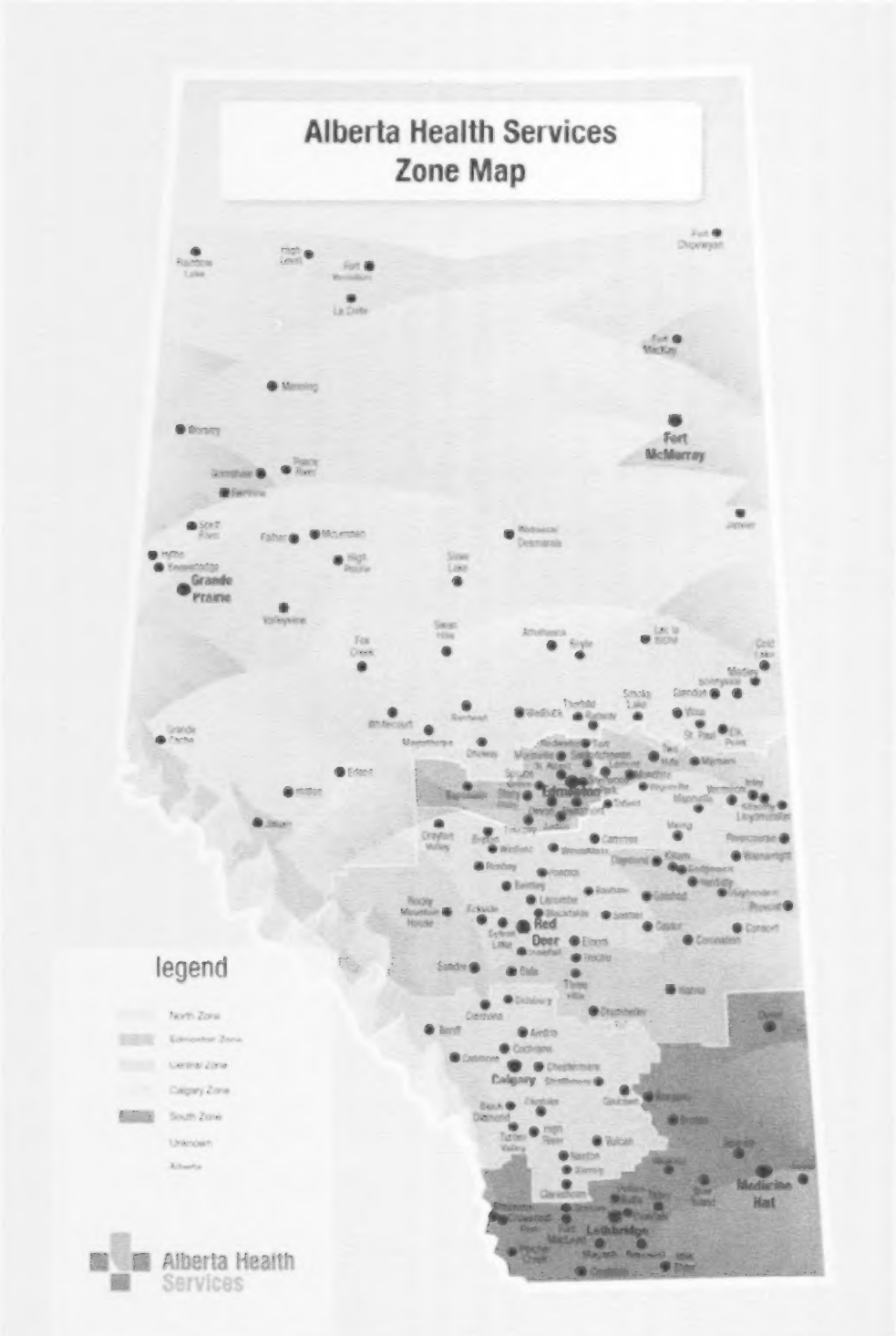
- Patient and family-centred care
- Respect for their needs, values, culture, spirituality and privacy
- Support during times of illness and trauma
- Effective and compassionate communication
- Complete information about care and treatment options
- Quality, safe, readily accessible and timely service
- Well coordinated, seamless and reliable transitions between services
- Support to navigate the system
- Tailoring services and programs to community needs
- Continuous improvement approach

Consumer Voice – Service Response Required

- Listen and be responsive to consumers and communities. Mechanisms such as **Health Advisory Councils**, provincewide tracking of **patient concerns** and **patient satisfaction surveys** will enable us to monitor how well we are addressing expectations
- Focus on patients and their caregivers through a variety of approaches, including technology, to enable people to be partners in their own care
- Provide **equitable access** across the province and for all populations
- Provide appropriate access to primary health care and specialist care
- Reduce wait times for a variety of services
- Establish more **community-based options** for seniors support
- Shift to community care where possible with a focus on enabling individuals
- Provide better programs for the management and self-management of chronic disease and complex health conditions
- Increase focus on helping people and communities to stay healthy
- Action to address health-care inequities and reduce barriers to health care for vulnerable populations (or populations at a higher risk of poor health)

Demographics and Health Needs

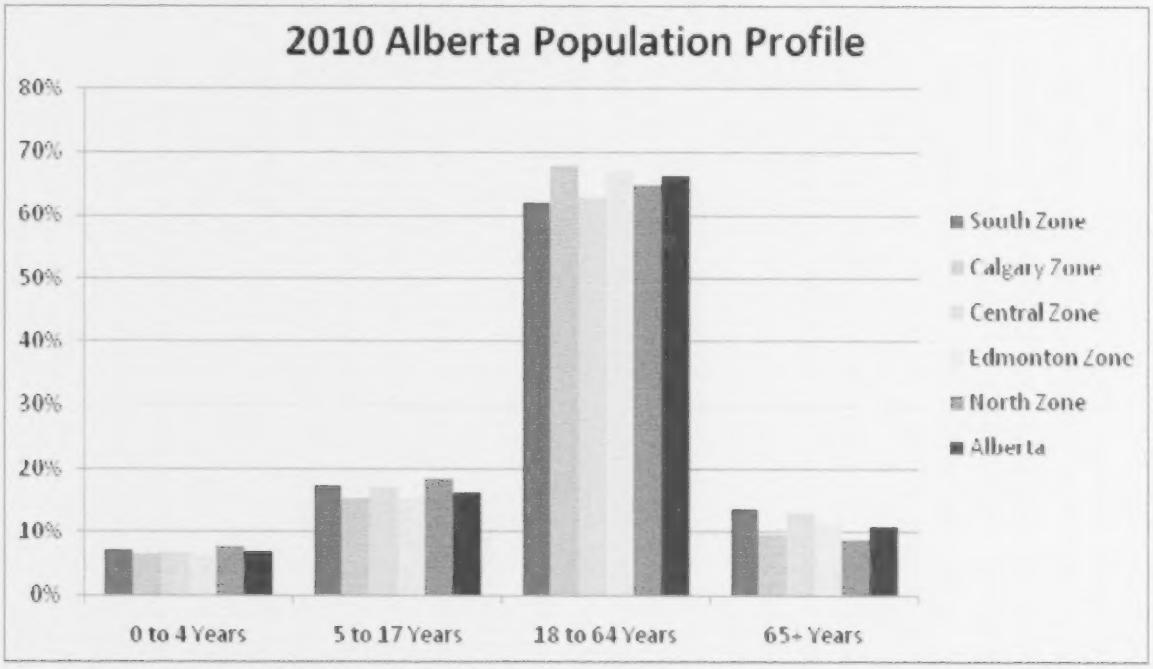
A variety of factors define Alberta's population and the corresponding health needs. This section highlights some key demographics and health issues. Alberta Health Services Zones are identified in the map below.



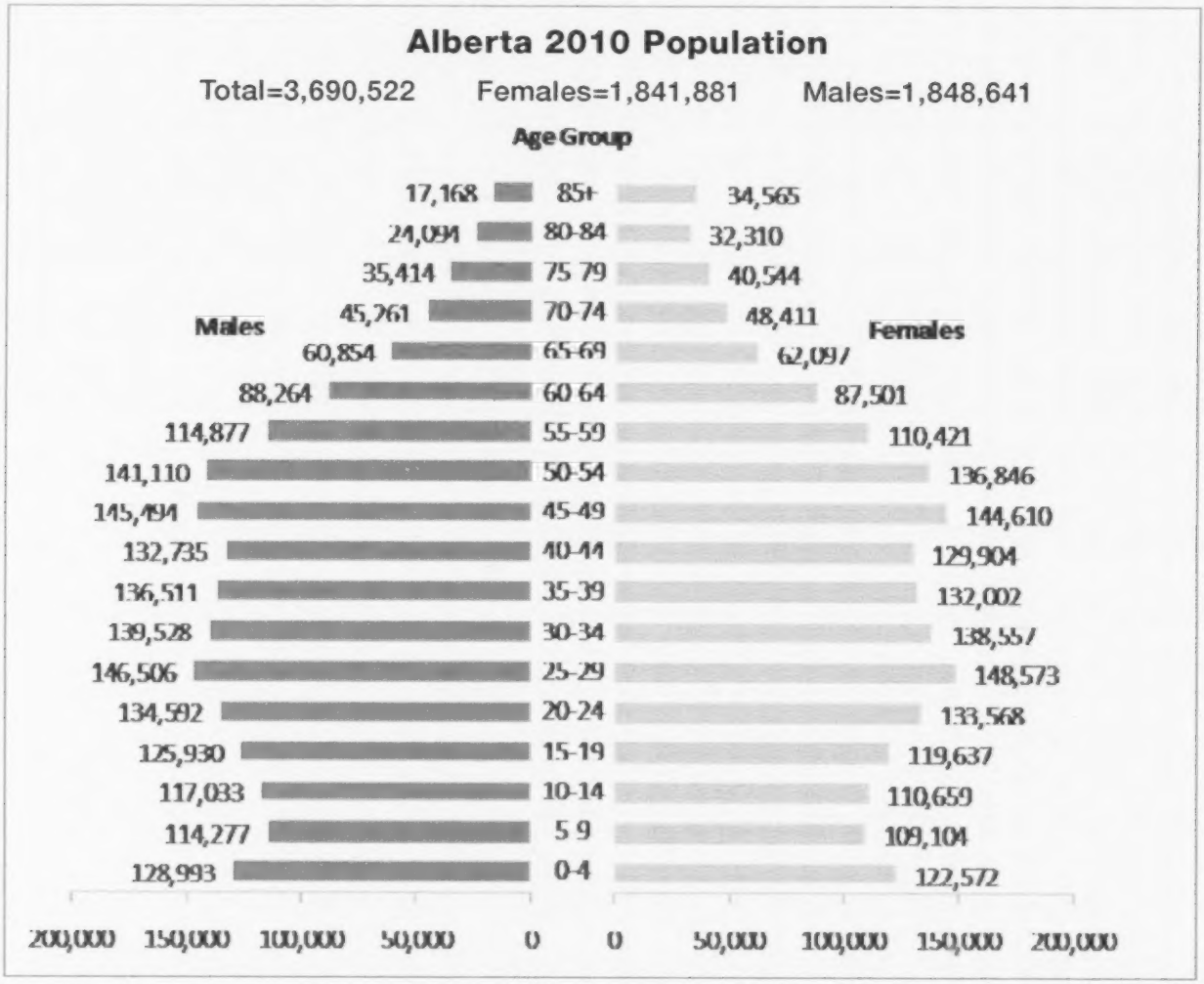
A Growing, Aging and Diverse Population

- Alberta, with a population of 3.7 million has been the **fastest growing province in Canada** for the past 10 years and continues to grow faster than the national average. Even with low growth, the population is expected to reach 4.7 million by 2035
- Alberta has one of the **youngest populations** in Canada
- By 2031, it is projected **one in five Albertans will be a senior**
- Our population is also **increasingly diverse**, with 16 per cent foreign born and 5.8 per cent Aboriginal people
- Alberta is home to the **third-largest Aboriginal population** in the nation, about 60 per cent of whom live in urban areas
- Average family income in Alberta is $98,240
- Three-quarters of adult Albertans have a high school certificate, apprenticeship/trades certificate or diploma or post-secondary certificate degree or diploma

The age distribution of Albertans by zone and overall are illustrated below.



Source: Population forecasts are based on the registrants active on the Alberta Health Care Insurance Plan as of June 30, 2009.
Prepared by: AHS Surveillance and Health Status Assessment

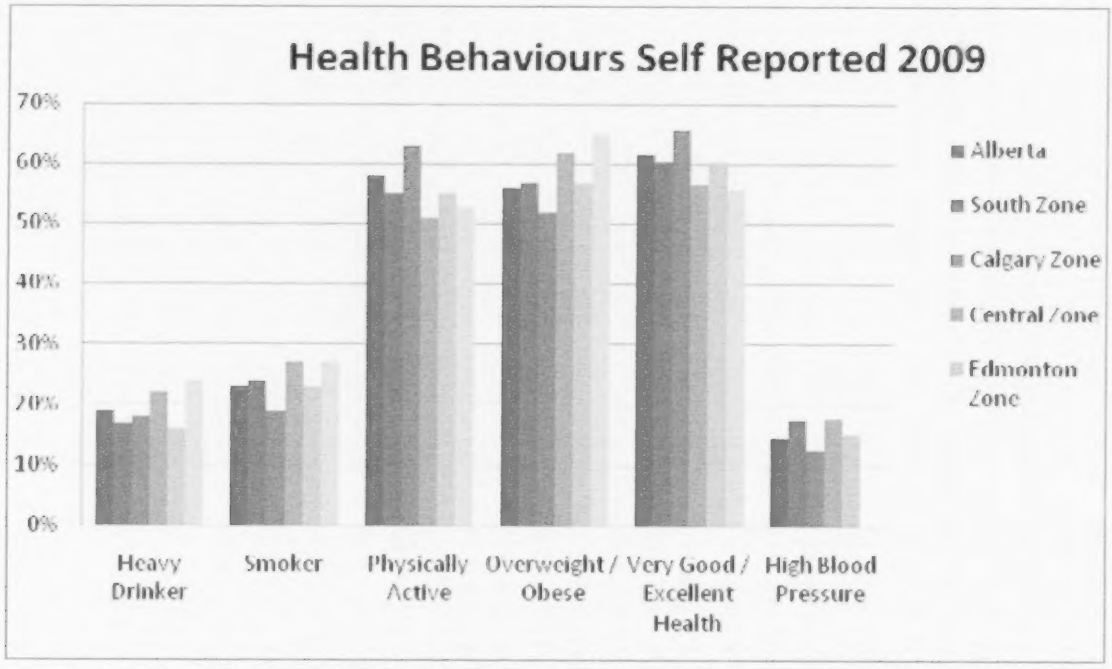


Source: Population forecasts are based on the registrants active on the Alberta Health Care Insurance Plan as of June 30, 2009. Prepared by: AHS Surveillance and Health Status Assessment

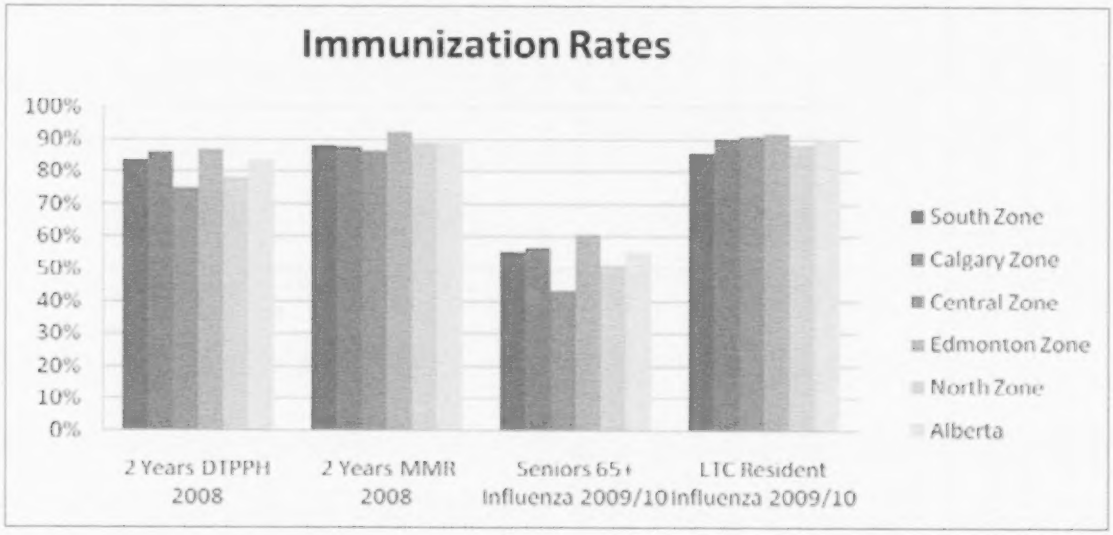
Healthy Albertans

Maintaining the health of the population is as important as helping Albertans recover when illness occurs. Most Albertans view themselves as healthy:

- The majority of Albertans (63 per cent) report that they are in very good or excellent health
- Just over half of Albertans report being physically active on a regular basis
- Almost 80 per cent of Albertans are non-smokers
- In 2008, 85 per cent of Alberta children, at two years of age, were immunized for measles mumps and rubella and 84% were immunized for diphtheria/tetanus/acellular pertussis, polio and Hib



Source: Canadian Community Health Survey. Prepared by: AHS Surveillance and Health Status Assessment



Source: AHS Data Integration, Measurement and Reporting. Prepared by: AHS Population and Public Health and Strategic and Service Planning

Maternal Child Health

Maternal Child Health Indicators	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Alberta
Infant Mortality Rate (per 1,000 live births) 2005-2009	5.4	5.1	7.1	6.5	6.6	6.0
Low Birth Weight (per 100 live births) 2009	5.8%	7.7%	6.2%	7.0%	5.6%	6.9%
Teen Birth Rate (per 1,000 15-19 yr females) 2009	25.9	12.2	22.8	16.0	39.0	19.4

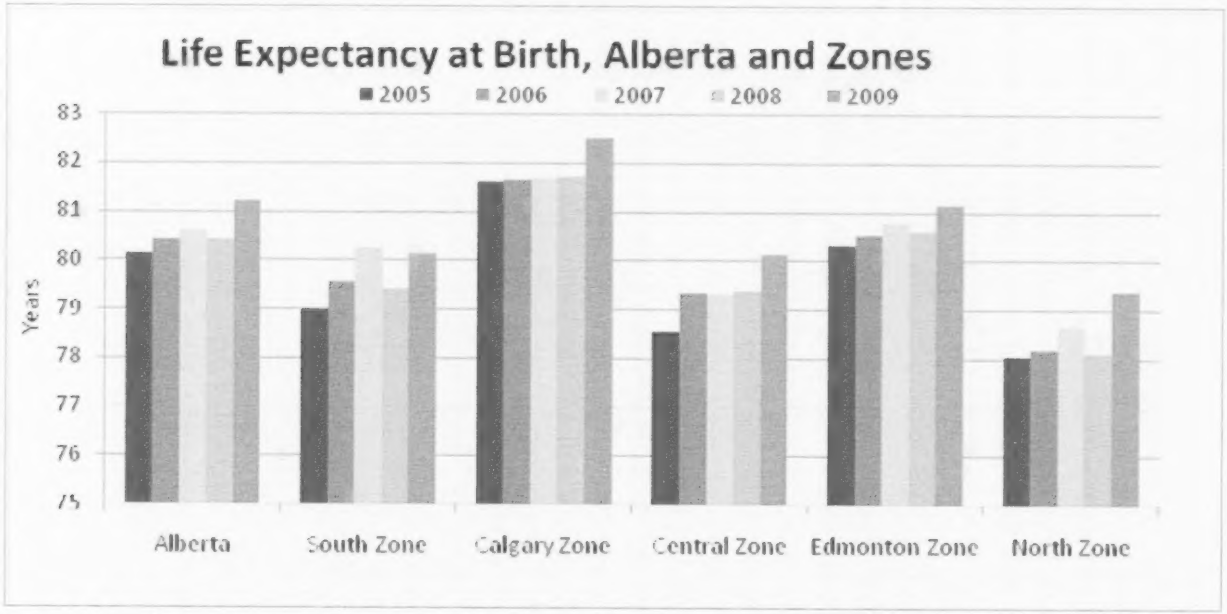
Source: Vital Statistics. Prepared by: AHS Surveillance and Health Status Assessment

Rates of infant mortality and low birth weights are very similar across the province. The teen birth rate is highest in the North Zone.

Health Disparities

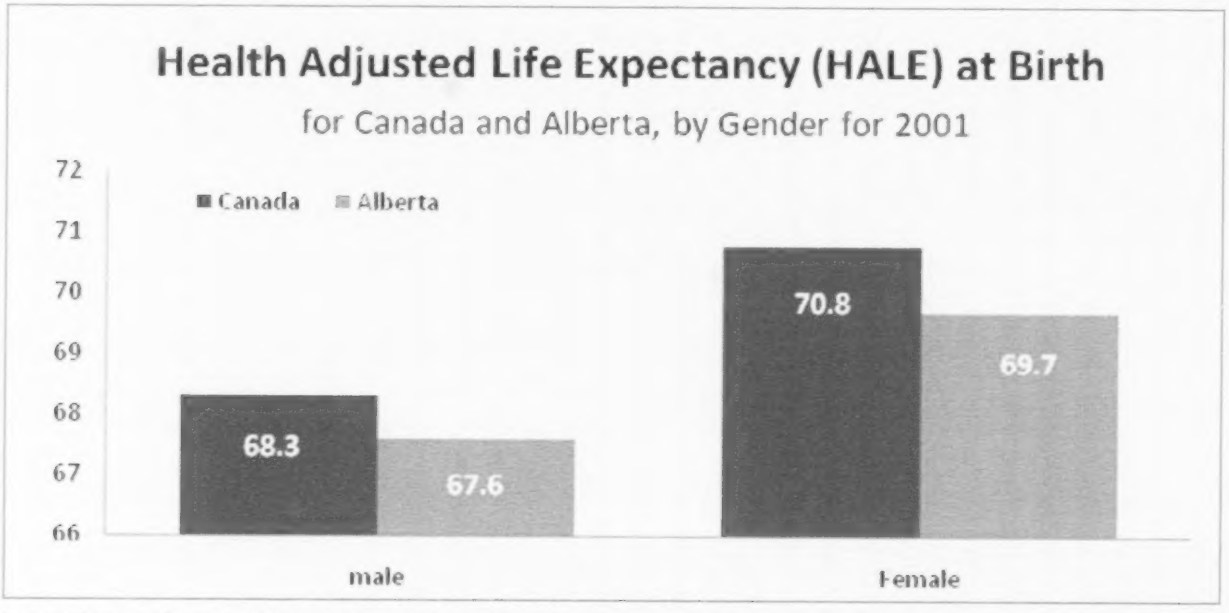
Within the Alberta population there are some significant **disparities in health status.**

- The majority of Albertans enjoy relatively good health and socioeconomic status; however, persons with **disabilities, lone-parents, recent immigrants, refugees, and Aboriginal people are disproportionately represented among those with low income and in poor health**
- Differences in health status and determinants of health are also evident between **rural and urban areas**. Some key findings in rural areas include:
  - Increased rates of death caused by cancer and heart disease
  - Increased rate of death caused by unintentional injuries
  - Increased rate of death caused by suicide and self-inflicted injuries
  - Fewer Albertans with high school diplomas, and
  - Higher teen birth rates
- Neonatal mortality in this province is comparable to the Canadian average.
- **Life expectancy in Alberta is marginally below the Canadian life expectancy**. This is a change from previous years, as in the past, life expectancy was higher than the Canadian life expectancy.
- There is significant **disparity in life expectancy between urban and rural zones**. Life expectancy in the North Zone is about two years less than for Albertans on average. As well, life expectancy in the Calgary Zone is one year higher than in the Edmonton Zone (see next page). Information for a number of additional indicators is presented on page 67.
- The Health Adjusted Life Expectancy at birth in Alberta is one year below the Canadian Health Adjusted Life Expectancy (see next page).



Source: Alberta Health and Wellness, Interactive Health Data Application. Prepared by: AHS Surveillance and Health Status Assessment.

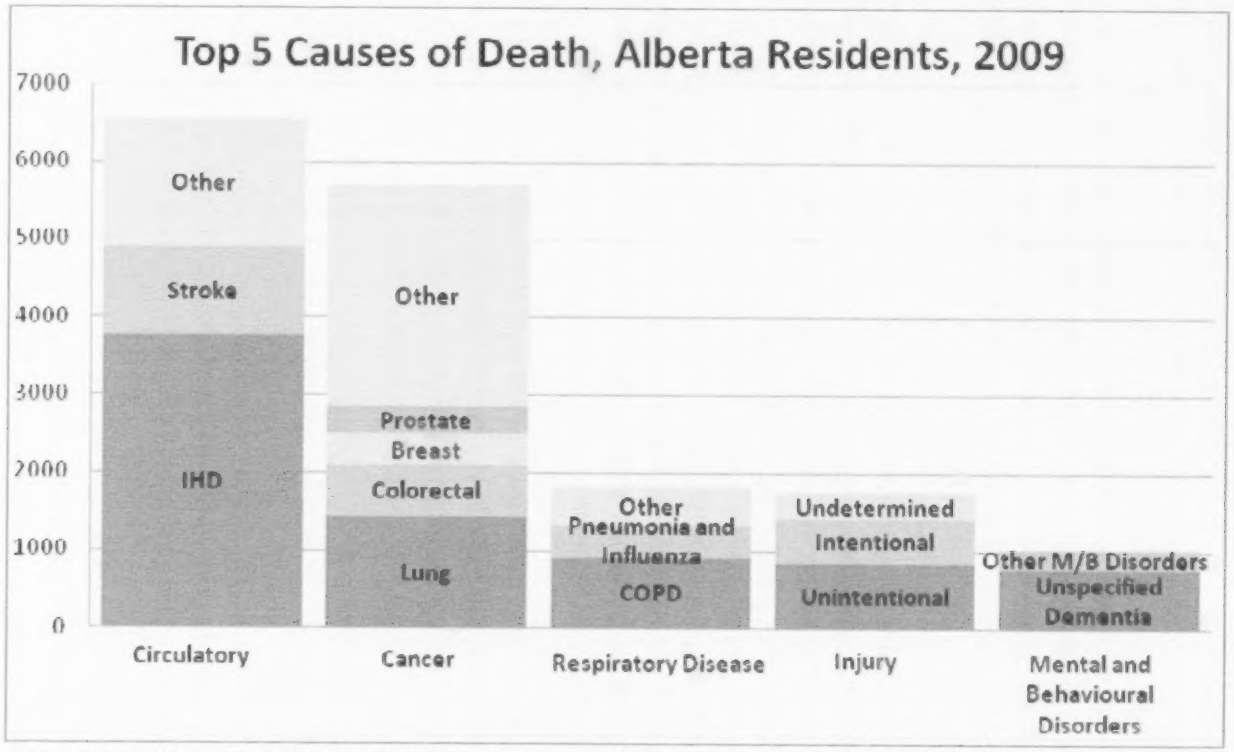
In Alberta the Health Adjusted Life Expectancy at birth is lower than the average for all of Canada.



Source: Statistics Canada. Table 102-0121 - Health-adjusted life expectancy, at birth, by sex, for all income groups, Canada and provinces, 2001, CANSIM. * Excludes the territories.

The leading **causes of death** are circulatory diseases including heart disease and stroke, cancer, respiratory diseases such as chronic obstructive pulmonary disease and pneumonia, death due to injuries, and mental behavioural disorders. Almost 60 per cent of the deaths in Alberta are due to circulatory diseases and cancer. The Aboriginal suicide rate is two to six times that of the overall Canadian population and results in 24 per cent of all deaths for Aboriginal youth aged 15 to 19 years old.

These causes of death need to be carefully considered to determine opportunities to improve life expectancy.



Source: Service Alberta (Vital Statistics, Deaths 2009). Prepared by: AHS Surveillance and Health Status Assessment.

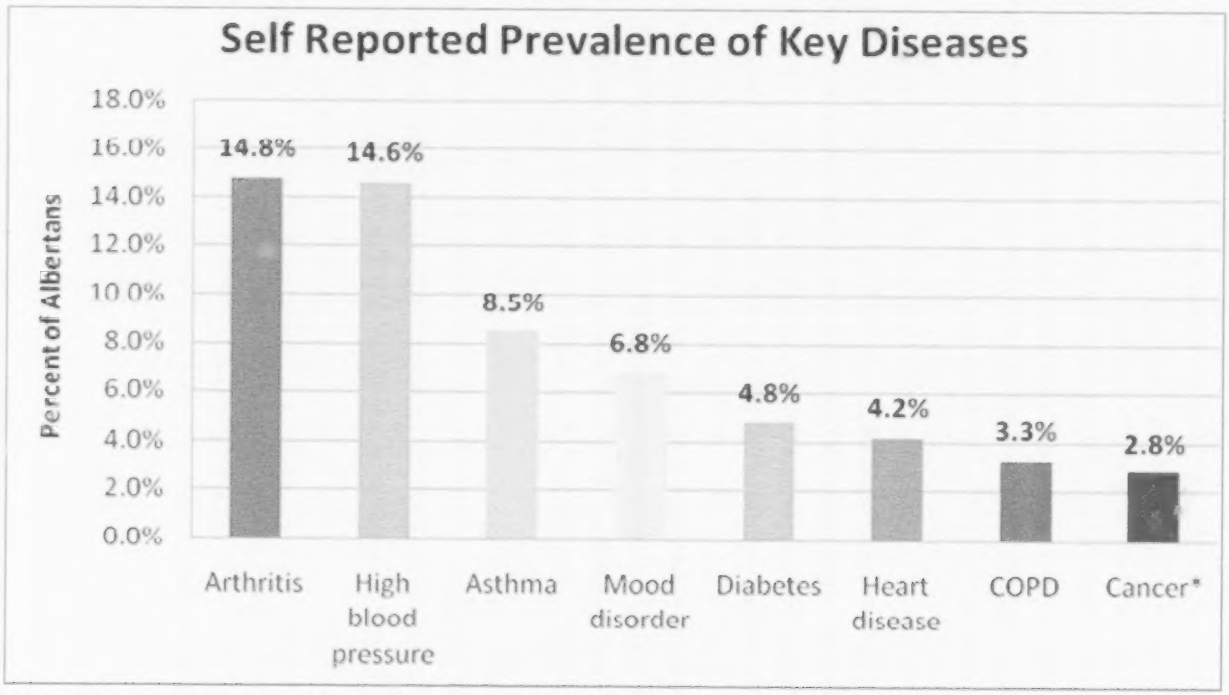
Chronic Disease

The **burden of chronic illness is substantial and growing** at a significant rate.

- Thirty per cent of Albertans report having at least one of seven select chronic health conditions (high blood pressure, arthritis, cancer, mood disorders, COPD, diabetes and heart disease) and the prevalence increases to more than three-quarters for seniors 65 and older
- Alberta data indicates 35 per cent of people with a chronic disease have two or more chronic conditions (HQCA, 2009 Measuring and Monitoring for Success, Section 2.8)
- Asthma and mood disorders are key health issues for Alberta children
- The most disadvantaged citizens (such as those with low income, lacking education or living in poor housing) are at significantly higher risk and much more likely to be afflicted with chronic illnesses. They are also more likely to experience barriers to service

The **economic impact** of chronic disease on the health-care system is substantial. Individuals with multiple chronic conditions consume dramatically more services, especially inpatient days. Also, 30 per cent of health-care resources are used by "healthy individuals" who could likely self-manage many of their needs.

The self-reported prevalence of key diseases is illustrated below.



Source: Canadian Community Health Survey, 2009. Percentage of Albertans who reported having been diagnosed by a health professional with the conditions described. *Cancer prevalence based on 2006 Alberta Cancer Registry data. Prepared by: AHS Surveillance and Health Status Assessment.

In Canada, Alberta ranks second-best among provinces in relation to lifestyle and risk factors; however, there is room for improvement across the province and with individual health behaviors. A relatively small set of known **behavioral risk factors** contributes to developing the main chronic diseases. These factors include an unhealthy diet, lack of physical activity, tobacco use, alcohol use and obesity. **Obesity** rates are escalating both provincially and nationally. Childhood obesity rates have doubled in the past 20 to 30 years while fitness levels have declined significantly since 1981.

Many factors influence personal behaviors; it is not as simple as personal choice. The health system's response incorporates strategies that affect those behaviours, in addition to personal choice.

Injury – Intentional and Other

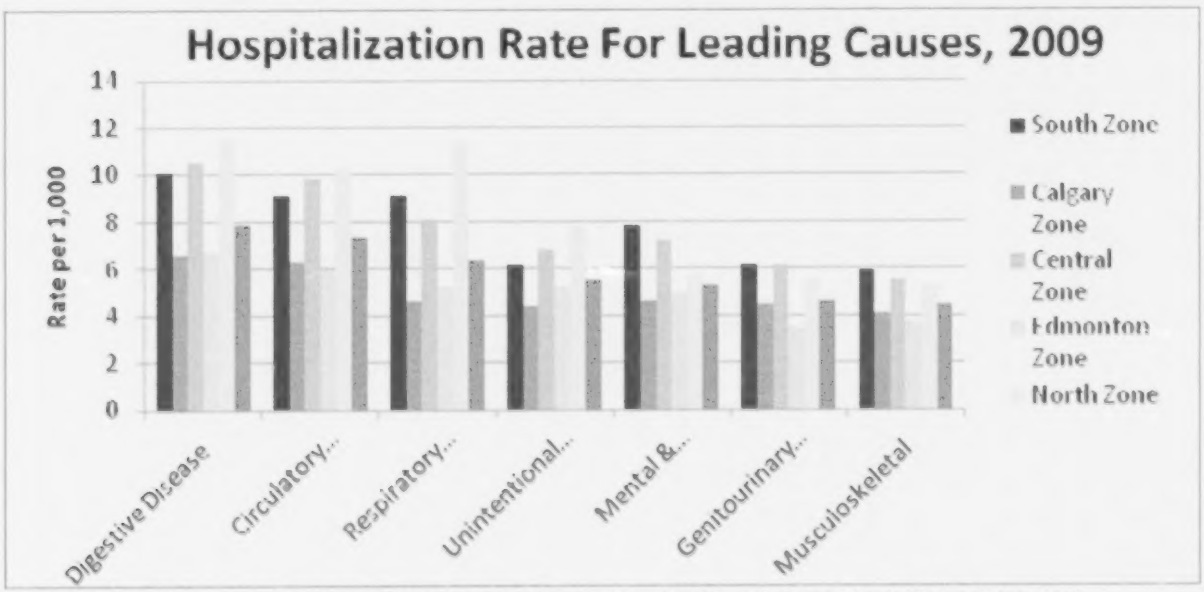
Injuries are largely preventable, yet significant resources are spent on injury care each year in Alberta.

- The injury hospitalization rate in Alberta is the second-highest among all provinces
- Unintentional injuries are the fourth leading cause of death in Alberta, and result in an average of 31 years of life lost, for each person dying of this cause prior to age 75
- The premature mortality in Alberta is significantly higher in northern Alberta. This is partially explained by high rates of injury death in this population
- Rural Albertans have double the rate of injury hospitalization compared to the rate for all Canadians
- Falls account for 51 per cent of seniors' emergency department injury visits and 83 per cent of injury hospitalizations for seniors in Alberta
- Injuries are the leading cause of death for Alberta children and youth between one and 19 years of age
- Of all age groups, youth aged 15 to 19 years had the highest percentage of injury deaths with 78 per cent

- More than half (52 per cent) of the deaths of youth 10 to 14 years of age were due to injury

Source: AHS Data Integration, Measurement and Reporting. Prepared by: AHS Surveillance and Health Status Assessment.

- The rate of injury also varies across the province and is highest in the North Zone and lowest in the Calgary and Edmonton Zones
- After obstetric-related hospitalizations and births, digestive disease contributes the most to the number of hospitalizations followed by circulatory disease
- Hospitalization for all top causes is higher in the South, Central and North Zones compared to the Calgary and Edmonton Zones



Source: AHS Data Integration, Measurement and Reporting, Prepared by: AHS Surveillance and Health Status Assessment

Geographic Comparisons

The population characteristics and health status of Albertans vary in relation to where they live in the province. Work is ongoing by Alberta Health Services to ensure meaningful descriptions and comparisons between geographic areas. Some examples based on currently available date are presented below.

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Alberta
Population (2010)	281,934	1,371,401	445,004	1,156,928	435,255	3,690,522
Average Age (2010)	37.6 yrs	36.8 yrs	37.8 yrs	37.5 yrs	34.6 yrs	36.9 yrs
Population: 0 to 17 yrs	24.5%	22.2%	23.9%	21.8%	26.4%	23.0%
Population: 65 yrs or Older	13.5%	9.8%	13.1%	11.4%	8.7%	10.9%
Aboriginal (2006)	5.6%	2.7%	5.7%	5.0%	15.7%	5.8%
Average Census Family Income (2006)	$76,536	$105,277	$82,238	$91,780	$91,832	$98,240
No High School Certificate (2006)	20.0%	11.5%	20.6%	13.9%	23.0%	15.4%
High School Certificate Only (2006)	26.8%	22.5%	26.9%	23.6%	25.3%	24.1%
Lone parent families (2006)	12.9%	13.8%	12.5%	16.0%	12.9%	14.4%
Owned Dwellings (2006)	74.4%	74.1%	75.9%	69.1%	73.8%	73.1%
Number of Live Births (2009)	4,268	18,765	5,704	15,254	7,036	51,068
Infant Mortality (per 1,000 Live Births) (2005-2009)	5.4	5.1	7.1	6.5	6.6	6.0
Leading Causes of Death (2007-2009)	Circulatory Cancer Respiratory Mental/ Behavioural Unintentional Injury	Circulatory Cancer Respiratory Mental/ Behavioural Digestive	Circulatory Cancer Respiratory Unintent Injury Nervous System	Circulatory Cancer Respiratory Digestive Nervous System	Circulatory Cancer Respiratory Unintent Injury Endocrine/ Metabolic	Circulatory Cancer Respiratory Unintent Injury Digestive
Deaths 2007-2009: Age Standardized Rates (per 100,000) to 1991 Canadian Population						
Circulatory Disease	186.0	154.5	178.5	151.2	185.1	162.8
Cancer	148.8	139.5	161.7	154.7	175.1	151.8
Ischaemic Heart Disease	105.6	91.6	102.5	88.3	104.1	94.5
Respiratory Disease	46.8	41.4	50.2	51.2	59.0	48.0
Stroke	31.1	25.1	33.9	26.6	35.5	28.5
Unintentional Injury	30.0	17.9	32.3	20.6	44.6	24.5
Suicide	11.4	10.1	15.6	13.0	17.1	12.6

Source: Vital Stats, Statistics Canada, AHS Data Integration, Measurement and Reporting. Prepared by: AHS Surveillance and Health Status Assessment

Urban/Rural Differences

In Alberta, some population characteristics and health status indicators differ based on geographic location in the province. Similarly, it is also important to understand how health status may vary by location within zones. Standardized and comparable descriptors for zones and sub-zones are required to accurately assess disparities in determinants of health, health status and service utilization and needs. A few examples of differences by zone are referenced below.

- North, Central and South Zones have the highest proportion of people without high school diplomas at 23, 21 and 20 per cent, respectively in comparison to Edmonton (14 per cent) and Calgary (12 per cent) Zones which are below the provincial average (15 per cent)
- South, Central and North Zones have higher cancer death rates per 100,000 population than Edmonton and Calgary Zones and higher than the Alberta average
- Similarly, South, Central and North Zones have higher rates than Edmonton and Calgary Zones of death due to suicide, stroke, unintentional injury, infant mortality, ischaemic heart disease and circulatory disease
- In Edmonton Zone, the infant mortality rate, low birth weight and preterm birth rates were all higher for babies born in low socioeconomic groups compared to those born in either average or high socioeconomic groups

Demographics and Health Needs – Service Response Required:

- Address health **disparities in rural areas** and low socioeconomic populations – those with **disabilities, lone parents, recent immigrants, refugees, and Aboriginal populations**
- Focus on **wellness** and **health promotion**, with particular attention to supporting **healthy early childhood**
- Plan **services to match population-based** care needs based on community assessments, **working to reduce health inequalities**
- Meet the needs of a **growing and aging population that place increasing demands on the health system**
- Introduce strategies to minimize **chronic disease** incidence and progression including the development of comprehensive care strategies for major chronic conditions and embedding these within a strong primary health-care system is essential
- Address the issue of **injury** through the advocacy and application of inter-governmental policies, public awareness messaging, and suicide prevention/treatment resources, particularly for rural and Aboriginal populations
- **Partner** and engage with government, a variety of other stakeholders and the public **to address population health needs**
- Establish, with partners, **local geographic/community-based improvement targets** for key health outcomes
- Develop **locally integrated and prioritized service response** to meet outcome-based targets and show how the improvement effort matches to needs

Primary Care/Primary Health Care

The percentage of Albertans who report having a regular family physician (80.6 per cent) is lower than the national average of 84.9 per cent. Access to medical doctors varies across the province, with the most significant shortage being in northern Alberta where 70.2 per cent report having a family physician. Insufficient access to family physicians may result in higher use of other parts of the health-care system.

There is strong evidence that development of a primary care team and medical home for patients to be registered with, offering a range of primary and community based care, will improve health outcomes. This would allow for wider coverage of population and an extended role for primary care – including prevention, case management and disease management – with specialist roles to allow cross-referral among team members. The development of specialist community services that can receive referrals – such as a community based rehabilitation team – would further add capacity.

Primary care is the care that individuals receive at the first point of contact with the health-care system, usually provided by family physicians and other health-care providers. Patients receive care for their everyday health needs, including prevention, diagnosis and treatment of health conditions, as well as health promotion.

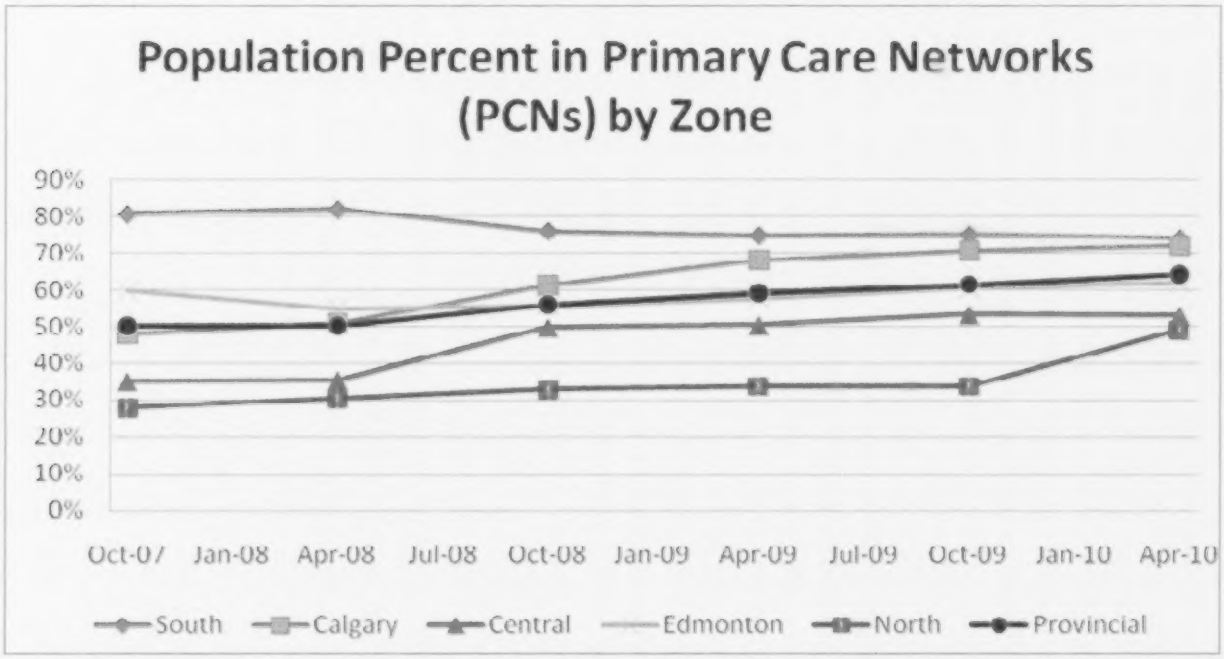
A Primary Care Network (PCN) is an arrangement between a group of family physicians and Alberta Health Services to provide primary care services to patients. As at April 1, 2010, 35 Primary Care Networks were actively providing health services to 64 per cent of Albertans. The number of Albertans in Primary Care Networks will increase as an additional eight Primary Care Networks are in development.

The number of Albertans who report having a family physician is lower in the North Zone than the rest of the province. As depicted below, there are fewer physicians overall in the North, Central and South Zones compared to the Edmonton and Calgary Zones. Residents in northern Alberta have the lowest enrollment in Primary Care Networks.

Physician Resources by Alberta Health Services Zone
For the Period July to September 2010

Zone	Number of Specialists	Number of Non-Specialists	Total	Physician Resource per 1,000 Population
South	170	261	431	1.54
Calgary	1760	1486	3246	2.43
Central	168	400	568	1.29
Edmonton	1750	1245	2995	2.64
North	104	353	457	1.07
Total	**3952**	**3745**	**7697**	**2.13**

Source: College of Physicians and Surgeons of Alberta, Prepared by: AHS Data Integration, Measurement and Reporting



Source: Alberta Health and Wellness, Prepared by: AHS Data Integration, Measurement and Reporting

Primary Care/Primary Health Care - Service Response Required:

- Improve access to primary care and a range of team-based, evidence-informed and patient-centred services by increasing participation rate in Primary Care Networks and strengthening the scope and range of services available in this model
- Establish additional primary care services that anticipate and meet the needs of individuals including those with **chronic and complex conditions**
- **Reduce health inequalities** and target injury rates through integrated primary and community services working in close partnership with communities, families and patients to support overall **health improvement, prevention of disease illness and injury**
- Engage patients and families in all aspects of care
- Fully adopt an **integrated approach** to care across the continuum through an extended scope and vision for integrated primary and community supports provided through the primary care medical home

Access and Appropriate Service

Access

Access to care is not solved by a singular focus on creating more capacity. While the public is generally satisfied with care when they receive it, one of the most common concerns is related to wait times. Lengthy wait times result in potential for complications, deterioration in health, unnecessary admissions to hospital, and burden on family and other supports. Some areas for improvement in access include:

- Wait time for Health Link nurse response
- Wait time to primary care team
- Wait time to specialty care
- Wait time in the emergency departments
- Wait time for surgery
- Wait time for cancer care
- Wait time for continuing care

Appropriate Service

Access to care is not solved by a singular focus on creating more capacity. Currently, care may be provided in a more intensive environment than necessary, which affects both the quality of care and the sustainability of the health system. The provision of care in the most appropriate setting is measured by:

- **Waiting for continuing care placement:** This indicator captures the number of people in acute care and in the community who could be served in a continuing care setting, such as long-term care facilities, supportive living options, palliative care, etc. The lower this measure, the better the health system has performed in providing living options in a manner that meets the growing needs of the aging population.
- **"Family practice" sensitive conditions:** Patients may be seen in the emergency department for conditions that could be treated in the community. The lower this measure, the better the health system has performed in supporting people to access care from their primary care team. In 2009/2010, the Alberta rate for "family practice" sensitive conditions was 28 per cent.
- **Ambulatory care sensitive conditions (ACSC):** Often patients are admitted to hospital for conditions that may be treated in the community. The lower this measure, the better the health system has performed in keeping people out of the hospital. In 2009/2010, the Alberta rate for ambulatory care sensitive conditions was 285 per 100,000 population. Although this compares favourably to Canadian benchmarks, there is further opportunity to improve.
- **Hospital discharges:** Alberta has a lower average acuity and a higher rate of hospital discharges than the rest of Canada (adjusting for age and gender). There is significant variation across the province in the average length of hospital stay and hospital separation rates.

Access and Appropriate Services – Service Response Required:

- Define, measure and manage actions that will reduce service wait times
- Introduce a coordinated, evidence- and system-based approach to **improve access and system patient flow**
- Enable efficient, safe and quality care practices through processes such as **accreditation**, implementation of integrated care **pathways** and response to **patient concerns**
- Reduce unnecessary variance in practice and standardize care
- Redesign processes to improve workflow, and enable with technology and workforce optimization

Patient Safety

Albertans coming to Alberta Health Services for help, whether through public health services, outpatient services, urgent care centres, hospitals or palliative care, have the right to expect safe care. Patient safety is key to providing quality services and supporting positive outcomes for patients and families. While everyone strives for excellence, some patients do experience infections while in hospital or an adverse event for which there are recognized and available preventive measures. There are continual opportunities to learn from each other and from other jurisdictions to ensure the provision of quality, safe care to positively affect outcomes and system efficiencies.

Consistent and provincewide standards for safety are important components of serving patients effectively. Baseline results will become available over the next one to four years for additional measures such as:

- Hospital acquired methicillin resistant *staphylococcus aureus* infection rate among patients admitted to acute care hospitals in Alberta: incidence of cases per 1,000 admissions
- Hospital acquired central venous catheter blood stream infection rate among patients admitted to intensive care units: incidence of cases per 1,000 device days
- Rates of total joint arthroplasty (hips and knees) surgical site infections within 30 days of surgery

Patient Safety – Service Response Required:

- Develop and implement **a single provincial reporting and learning system**, governed by a single policy and set of principles
- Develop and implement a plan for promoting "**just and trusting culture**"
- Develop and implement a quality/safety education and training curriculum to help **build Alberta Health Services internal capability for quality/safety improvement**
- **Increase standardization** and appropriateness for practice by developing clinical pathways through the clinical networks
- Report on Never (adverse) Events (as an Alberta Health Services key measure included on the Alberta Health Services Performance Dashboard)
- Introduce and implement methodology which is designed to **identify potential patient safety issues** that might not be identified through regular reporting processes
- Further address quality and patient safety issues through the implementation of a provincial Feedback and Concerns Tracking System (FACT), the Alberta Health Services patient engagement framework, the establishment of a patient and family advisory group, and the undertaking of accreditation activities

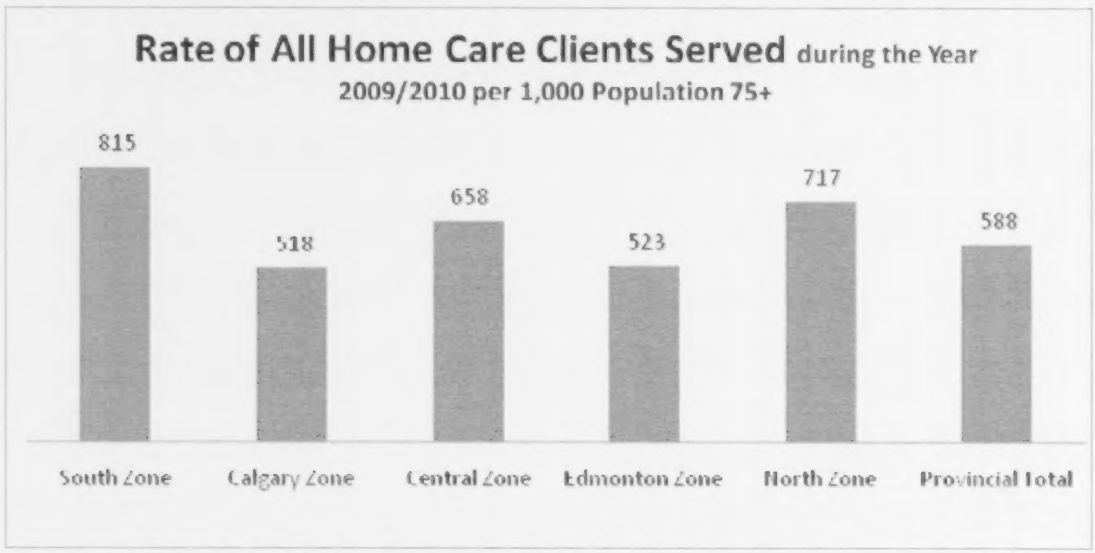
Seniors Health

- Alberta has more than 370,000 seniors, about one in ten Albertans. Each month, the population of seniors in Alberta rises by approximately 1,000. This growth is accelerating as more baby boomers reach age 65.
- In 10 years, Alberta can expect to have 555,000 seniors
- By 2031, one in five Albertans (about 880,000) will be a senior citizen
- Since 1992, the number of seniors 85 years and older has doubled to 50,798 (2010) and is expected to be 71,990 by 2025
- The prevalence of dementia in the Canadian population is expected to double in the next 30 years

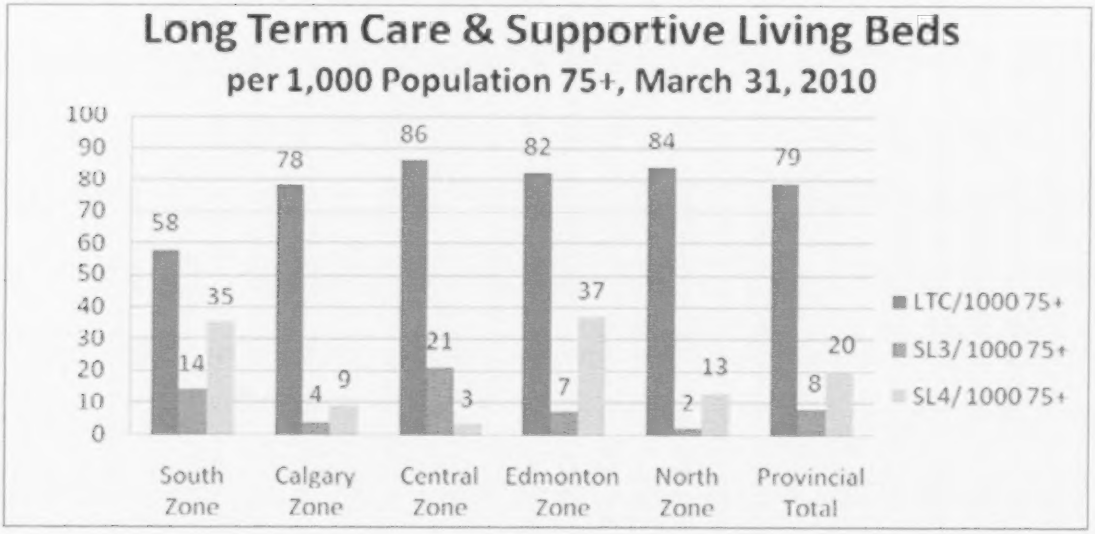
Seniors use more health services as they age. It is important to enable seniors to be as healthy as possible. Some specific issues related to seniors care include:

- More than four out of five Canadian seniors living at home suffer from a chronic health condition. Nearly half of individuals over 85 years of age have activity limitations related to one or more chronic health conditions
- Seniors want to live in their own homes for as long as possible and have accessible health services, but are limited by the lack of home and community supports. In some communities there is currently very little choice of supports
- Seniors often end up in the emergency department when after-hours support is not available
- There are not enough facility-based spaces to meet current need. This is reflected in the number of people currently in hospitals and in the community waiting for continuing care. The number of alternate level of care days in hospital emphasizes the fact people are not being cared for in the right setting. It also represents an inefficient use of acute care resources
- The continuing care system is complicated for individuals and their families to navigate and understand
- Funding for continuing care services does not always match service needs, which can create the wrong incentives for care providers and affect quality of care

The following graphs illustrate provincial variation in the rate of home care clients served, the rates and types of seniors' living accommodations, and the need to increase the number and types of care options to provide choice for seniors.



Source: 2009/2010 AHS Annual Report. Prepared by: AHS Strategic and Service Planning.



Source: 2009/2010 AHS Annual Report. Prepared by: AHS Strategic and Service Planning

LTC is a care setting for individuals with complex and unpredictable medical needs requiring 24/7 on-site RN for assessment/ treatment. Other health professionals may provide care on a 24/7 basis as well. This includes Nursing Homes under the Nursing Home Act and Auxiliary Hospitals under the Hospitals Act.

Supportive Living 3 is Designated Enhanced Living care setting where 24-hour support is provided by a health-care aide with a registered nurse on-call

Supportive Living 4 is Designated Enhanced Living care setting where 24-hour support is provided by a licensed practical nurse and health-care aide with an on-call registered nurse. There are also SL4 care sites providing care for individuals with dementia.

Seniors Health – Service Response Required:

- Invest in supportive living options to **extend the choices available to seniors**
- **Expand home care** services
- Improve the **matching of services to needs** with more options available and enhanced access to caregivers, so seniors can live independently as long as possible

The five pillars to support this change are:

1. Meeting demand of an aging population
2. Standardizing assessments to ensure that seniors get the right care
3. Supporting independence through choice of options for care
4. Assuring quality of care
5. Ensuring equitable funding for providers

Workforce

The Government of Alberta and Alberta Health and Wellness have identified health workforce utilization as a key goal for 2011/2012 – 2013/2014. This includes coordination and integration of services to provide person-centred primary health care; efficient and effective use of available workforce; and an expanded role for pharmacists, nurse practitioners, midwives and other practitioners.

In a time of global health workforce shortages, Alberta must build capacity to respond to the health needs of its citizens by generating creative solutions to managing the supply of and demand for health workers. The workforce must be viewed in the broadest sense and include a wide array of health professionals and other staff in support areas such as human resources, finance, planning and information technology.

Innovation in health service delivery is needed to achieve the goals of improving quality and increasing timely access to health care while making the system more effective and accountable. The health workforce represents the greatest asset held by Alberta Health Services and, therefore, has a central role in making Alberta the best-performing publicly funded health system in Canada.

For nearly five decades, cyclical peaks and valleys in the supply of nurses have created considerable challenges for health-care planners across Canada (*Alberta Health and Wellness, 2008*). Like many other countries, Canada is currently experiencing a shortage of registered nurses that is projected to worsen over the next decade (*Basu and Halliwell*, 2004). In 2007, the Canadian Nurses Association (CNA) noted that although nearly 217,000 nurses were delivering services in Canada, 11,000 more full-time equivalent (FTE) registered nurse positions were needed to meet health-care needs at the time. Those projections, however, were based on assumptions about the way in which nursing care is delivered (i.e., model of care) and on staffing patterns (i.e., staff mix) that often reflect traditional ways of organizing the delivery of nursing services. They also underscore the impact of choices that nurses and other providers make about the average number of hours they are willing to work, a variable that can often be influenced through employer policies (e.g., mandated minimum weekly hours) or practices (e.g., leadership support). The challenge in workforce planning is to anticipate future health needs and estimate the number and type of health-care providers that will be needed to respond to those needs effectively and efficiently.

The forecasting methodology applied to-date underscores an irrefutable conclusion about health-care delivery: the status quo is simply not an option. Workforce planning has historically been based on assumptions about existing patterns of practice. Future workforce planning relies on changing those assumptions in keeping with the current focus on collaborative, patient/family-centred models of care and the appropriate use of all health-care providers' skills and knowledge. To provide the care that Albertans need now and into the future will require fundamental change in both the mix of health-care providers and the way in which they work together in delivering care.

Workforce – Service Response Required:

- Continue to develop **forecast methodology** to support workforce policy, model development, planning and redesign
- Develop a **clinical workforce strategy** that reflects anticipated future needs and optimizes the use of a variety of health professionals to their full scope of practice
- Develop **policy options** that can best **mitigate unwanted shortages or surpluses** of different types of health-care providers. Examples include:
  - Offering targeted incentives to attract and retain the right number and mix of nurses, health-care aides and allied health-care providers
  - Making more effective use of the knowledge and skills of all workers by redesigning the way in which **providers work together** in delivering appropriate and timely patient-centred care
  - Offering **continuing education programs** to build capacity for collaborative practice and inter professional education
  - Using population needs-based approaches in establishing **staffing models that are sensitive to the local context** in which health care is delivered

Workplace

The performance of Alberta's health-care system is directly related to the staff and physicians that provide care and services throughout the province. As Alberta's largest employer, Alberta Health Services has the opportunity to both create a satisfying workplace and to deliver services in a manner that is sustainable for the future. To do this, it is important that Alberta Health Services fully engage its people and their skills. Working as part of an interdisciplinary team and being enabled to work to full scope of practice further help staff and physicians to contribute to service quality, access and sustainability.

Alberta Health Services is committed to enabling employees and physicians to provide excellent care by providing the appropriate supports, such as education, an attractive and safe work environment, and the tools to deliver quality patient care. To move to higher levels of performance, a shared culture will be developed based on the Alberta Health Services values of respect, accountability, transparency and engagement.

Themes identified as important by Alberta Health Services staff and physicians, in the recent Workforce Engagement Survey, include:

- A culture that respects, values and appreciates their contributions
- Opportunity to be engaged in decision making and change
- Opportunity to make a difference and contribute to improved quality and safety of care and improved health outcomes for patients
- A healthy and safe workplace
- Appropriate resources and supports to successfully do their jobs
- Development opportunities, including competitive compensation
- Professional autonomy and scope of practice
- Appropriate workload, flexible scheduling and deployment
- Clear priorities, accountability and communication
- Opportunity to contribute to interdisciplinary teams

Workplace – Service Response Required:

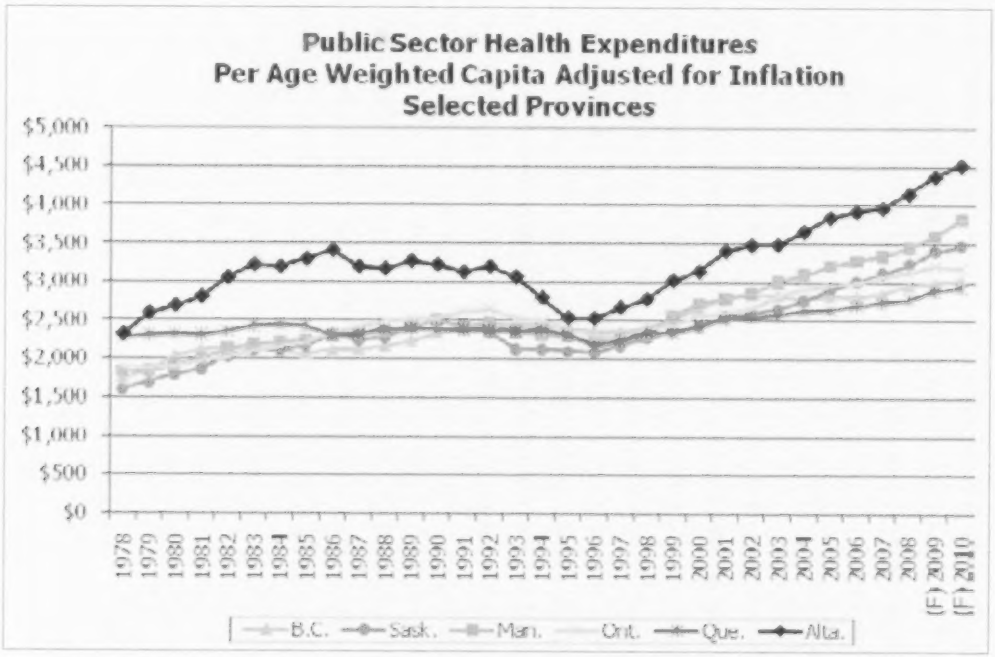
- Promote a **culture** of respect, transparency, accountability and engagement
- Establish opportunities for **meaningful engagement** and **open communication**, including between staff and management
- Develop and sustain an energizing work environment that is patient-centred
- Create a work environment that **promotes safety and wellness and a just culture**
- Provide support to **learning and development** opportunities
- Enable effective utilization of the health workforce (i.e., scope of practice, interdisciplinary teams)
- Establish workforce and recruitment plans for health professional, technical and other staff groups. Redesign processes with a focus on workflow and best use of workforce and technology

Sustainability Challenges

Sustainability of the health-care system, in the context of rising health-care demands, is a major issue in Alberta. The Government of Alberta and Alberta Health Services are committed to the effective management of resources to build a stronger health-care system that will meet the needs of Albertans, now and in the future. This means resources invested in health care must be invested in the optimal models of care to realize the best outcomes for Albertans. The health system will be challenged to meet the combined pressures of an aging population, rural and remote service delivery, rising expectations and new technologies. For the system to be able to offer the most appropriate technologies to the population at large, existing services have to be delivered at lower cost and new funding sources need to be explored. Re-engineering of current processes and tools to ensure efficient and cost-effective quality health service delivery is an ongoing requirement.

The need for sustainability mandates that our strategy for the future include more investment and engagement in prevention. To be sustainable, our health system and communities will be required to optimize wellness, detection, management, healing and well-being at every step of the health service continuum. Effective partnerships with patients and families will be crucial to allow the continuing shift to a more community-based system of care.

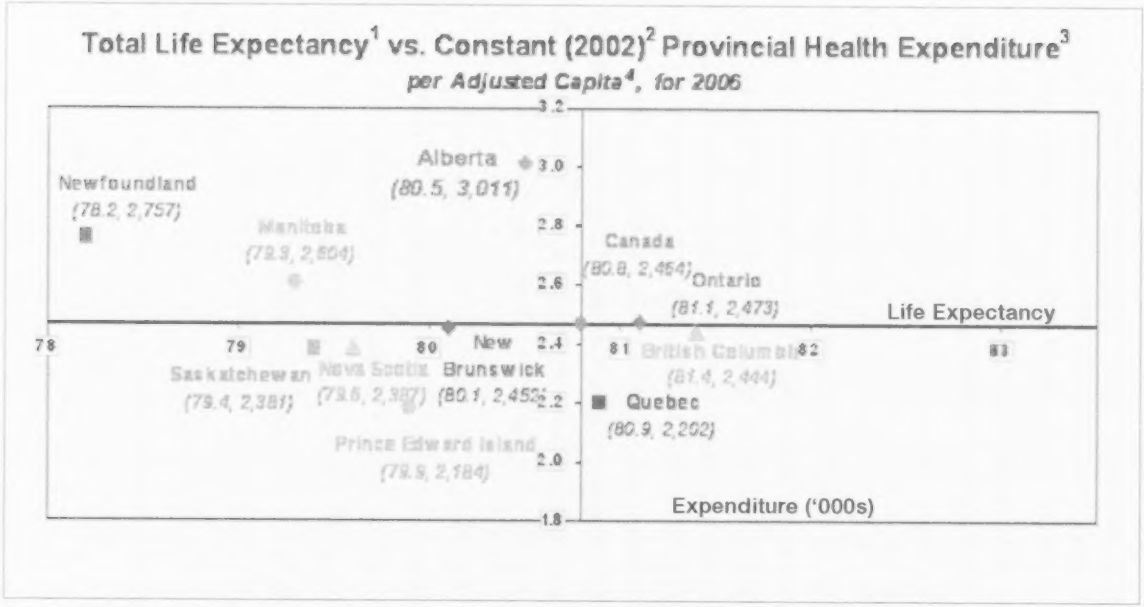
As illustrated below, Alberta has the highest per capita expenditure on health services in Canada after adjusting for iinflation.



Source: Canadian Institute for Health Information - national expenditures; Statistics Canada - population and inflation data. Prepared by: AHS Data Integration, Measurement and Reporting

It is well understood that it is more expensive to deliver health services to populations in rural and remote areas. However, as other provinces have populations in rural and remote areas as well, Alberta spends more than other provinces to provide quality health services. The merger of the health regions and organizations in Alberta provides the opportunity to transform and standardize the health system across the care continuum and to customize health services for priority populations.

Alberta has a higher per capita expenditure on health services, but a total life expectancy that is slightly below the national average.



[1] Source: Statistics Canada. Table 102-0511 - Life expectancy, abridged life table, at birth, Canada, provinces and territories, annual (years), CANSIM.

[2] Adjusted for inflation using Alberta-specific CPI for Alberta and Canadian CPI applied across remaining provinces. Statistics Canada, CANSIM, table 326-0021.

3 Source: Canadian Institute for Health Information, National Health Expenditure Trends, 1975 – 2008 (Ottawa, Ont.: CIHI, 2008).

4 Adjusted for Age and Gender differences in expenditure using the Indirect Method and weighting by All-Sector Expenditure in Alberta (2007/2008 Population-Based Funding Weights). Alberta's weights were applied across all provinces.

The sustainability of health services is a challenge that is not unique to Alberta. The Organization for Economic Cooperation and Development (OECD) in its recently released *Health Data 2010 Report* indicates that the total health spending in all OECD countries is rising faster than economic growth. The average ratio of health spending to GDP rose from 7.8 per cent in 2000 to 9.0 per cent in 2008. Factors identified that contributed to spending increases were technological change, population expectation and population aging. It is expected that these factors will continue to drive future costs higher.

While many solutions to the long-term sustainability of health systems have been proposed over recent decades, attention is being drawn to health promotion and prevention activities, including action to address health inequities. *Fair Society, Healthy Lives: The Marmot Review,* published in February 2010, sets out a strategy to reduce health inequities in England. *The Marmot Review* outlines six policy objectives that must be met if health equity is to be achieved: give every child the best start in life; enable all children, young people, and adults to maximize their capabilities and have control over their lives; create fair employment and good work for all; ensure a healthy standard of living for all; create and develop healthy and sustainable places and communities; and strengthen the role and impact of ill-health prevention.

In Canada, the Ministers of Health and Healthy Living/Wellness released a declaration on prevention and health promotion in September 2010. This declaration acknowledges the importance of addressing disparities and the promotion of health and prevention of disability and injury in the sustainability of the health system. The declaration also outlines the importance of working collaboratively inside and outside of government to reduce or remove differences and support the health of the population.

Major health disparities exist in Alberta that are differentially distributed among specific populations by gender, education, income, and other indicators of disadvantage or inequitable opportunities. The consequences of disparities – death, disease or disability – are avoidable.

Alberta Health Services has recognized the importance of addressing health disparities and, while work is underway, the greatest result will be achieved through coordinated efforts at a variety of policy and service levels.

Sustainability – Service Response Required:

- Design **alternatives to hospital admission** for conditions suitable for community management – including rapid assessment services, responsive home care, active case management – and focus on avoiding unnecessary admission and unplanned hospitalization
- Redesign processes with a focus on **workflow** and best use of workforce and technology
- Reduce unwarranted variance in practice and **standardize care**
- Develop alternative service delivery models in partnership with primary care
- Provide assessment and tailored support for seniors to remain at home and provide care and support to individuals at the end of life
- Add value through **better information to support decision making**
- Minimize transaction costs across Alberta Health Services
- Create systems that support positive change through improved processes, policies and technology
- **Leverage the benefits of system consolidation** (i.e., finance, human resources, procurement, communication, technology, etc.)
- Encourage innovation, use of research and support transfer of best practice throughout Alberta Health Services

Appendix II

Transformational Improvement Programs (TIPs) and Driver Diagrams

In addition to the focus on health promotion, in which Alberta Health Services works in collaboration with Alberta Health and Wellness, Alberta Health Services continues to use five overarching strategies, "Transformational Improvement Programs," as key vehicles for change over the next four years.

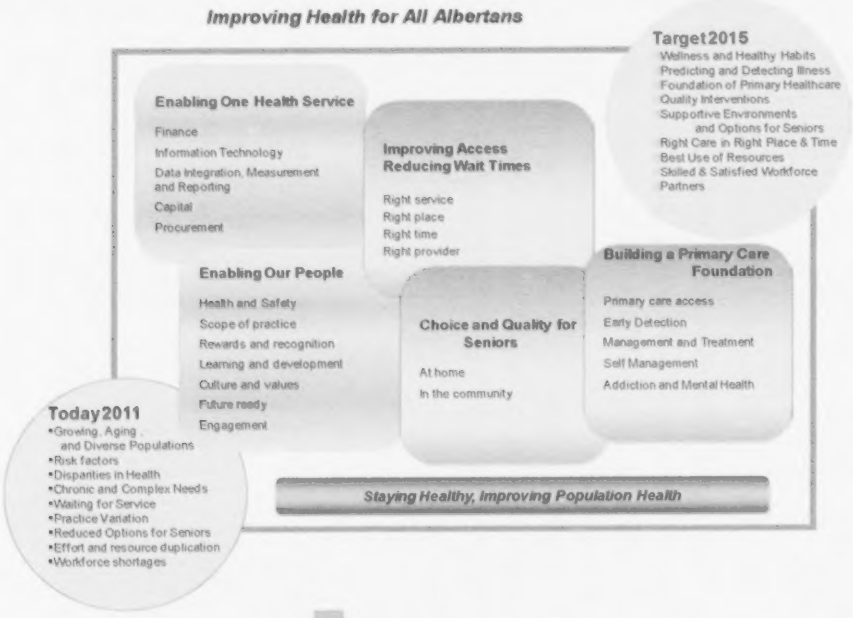
Each of the Transformational Improvement Programs will have key goals to achieve and measures to monitor improvement. These programs are identified as priority areas for management and resource focus; however, these will not necessarily involve significant new investment. This may require a greater focus on redistributing resources to address health disparities and provide better equity or a focus on driving efficiency from improved and redesigned pathways of care. While these Transformational Improvement Programs focus on overall health system changes, the degree to which specific action is required may vary by location throughout the province.

The three major service improvement programs; and two supporting corporate improvement programs are:

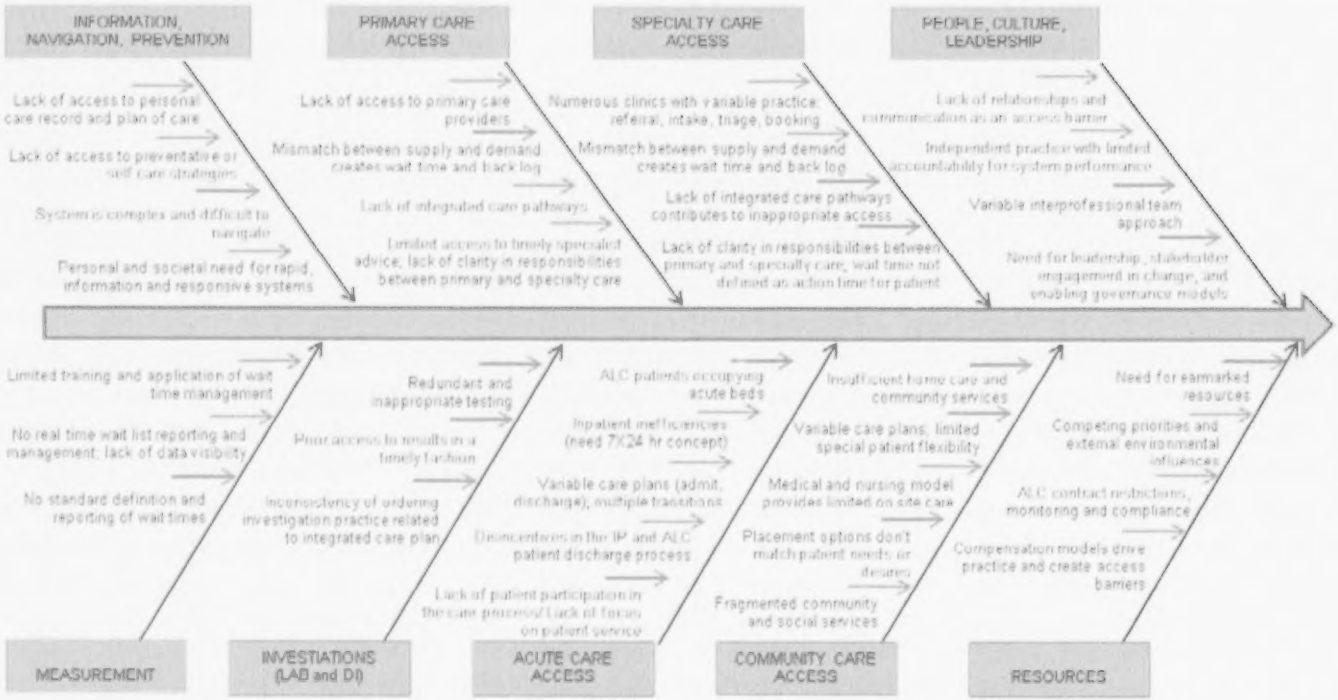
1. Building a Primary Care Foundation
2. Improving Access, Reducing Wait Times
3. Choice and Quality for Seniors
4. Enabling Our People to Achieve Excellence in Providing Health Services
5. Enabling One Health System

Within each Transformational Improvement Program, there is a combination of initiatives to leverage significant system change. These Transformational Improvement Programs will create an opportunity to consolidate and focus activity across the organization. They are intended to create efficiencies, ensure alignment, define appropriate phasing and sequencing, and focus Alberta Health Services by determining priorities for investment.

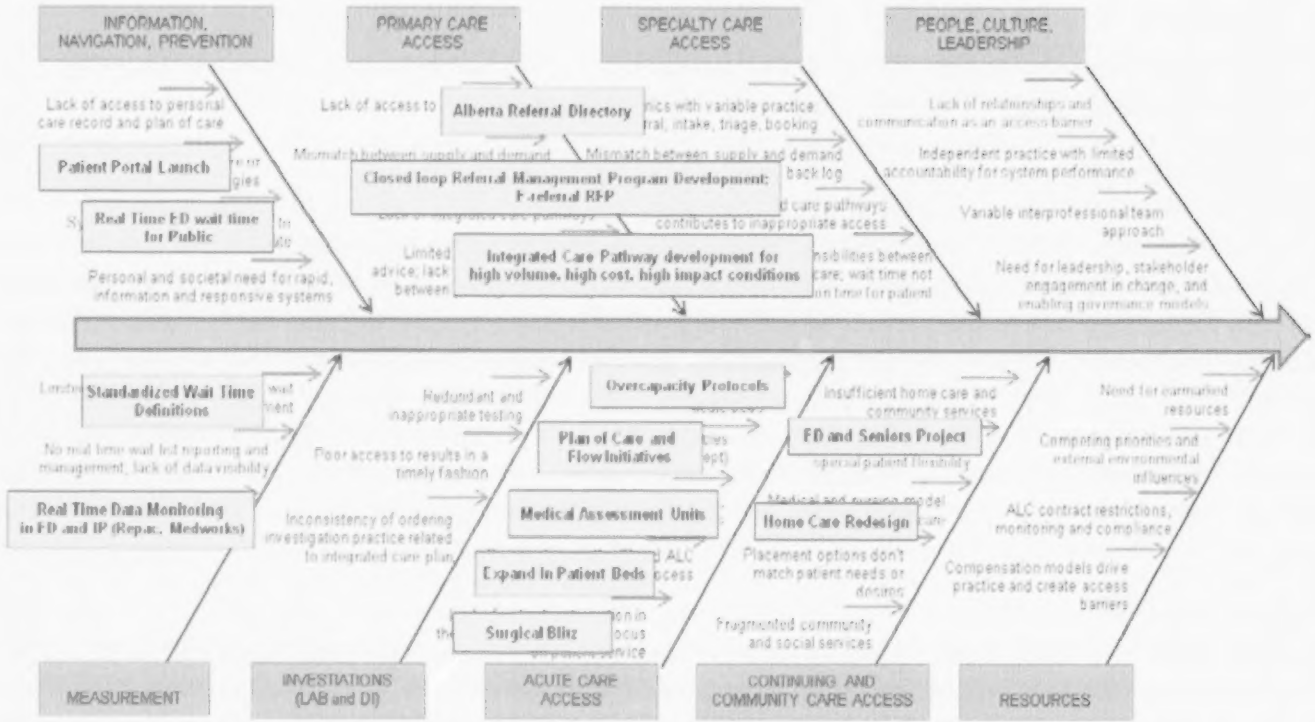
The following "cause-and-effect" or "driver" diagrams for the Transformational Improvement Programs identify and illustrate the factors that are key drivers for each of the TIPs. Diagrams have also been developed to illustrate the interventions identified that will have the biggest impact. This includes both short- and long-term strategies. The driver diagrams are useful to ensure the focus is on underlying causes and upstream measures while addressing immediate issues. Driver diagrams for Building a Primary Care Foundation will be developed in 2011/2012.



Improving Access, Reducing Wait Times TIP Drivers


INFORMATION, NAVIGATION, PREVENTION
PRIMARY CARE ACCESS
SPECIALTY CARE ACCESS
PEOPLE, CULTURE, LEADERSHIP
Lack of access to personal care record and plan of care
Lack of access to preventative or self care strategies
System is complex and difficult to navigate
Personal and societal need for rapid, information and responsive systems
Lack of access to primary care providers
Mismatch between supply and demand creates wait time and back log
Lack of integrated care pathways
Limited access to timely specialist advice; lack of clarity in responsibilities between primary and specialty care
Numerous clinics with variable practice: referral, intake, triage, booking
Mismatch between supply and demand creates wait time and back log
Lack of integrated care pathways contributes to inappropriate access
Lack of clarity in responsibilities between primary and specialty care; wait time not defined as action time for patient
Lack of relationships and communication as an access barrier
Independent practice with limited accountability for system performance
Variable interprofessional team approach
Need for leadership, stakeholder engagement in change, and enabling governance models
Limited training and application of wait time management
No real time wait list reporting and management; lack of data visibility
No standard definition and reporting of wait times
Redundant and inappropriate testing
Poor access to results in a timely fashion
Inconsistency of ordering investigation practice related to integrated care plan
ALC patients occupying acute beds
Inpatient inefficiencies (need 7X24 hr concept)
Variable care plans (admit, discharge); multiple transitions
Disincentives in the IP and ALC patient discharge process
Lack of patient participation in the care process/ Lack of focus on patient service
Insufficient home care and community services
Variable care plans; limited special patient flexibility
Medical and nursing model provides limited on site care
Placement options don't match patient needs or desires
Fragmented community and social services
Need for earmarked resources
Competing priorities and external environmental influences
ALC contract restrictions, monitoring and compliance
Compensation models drive practice and create access barriers
MEASUREMENT
INVESTIATIONS (LAB and DI)
ACUTE CARE ACCESS
COMMUNITY CARE ACCESS
RESOURCES

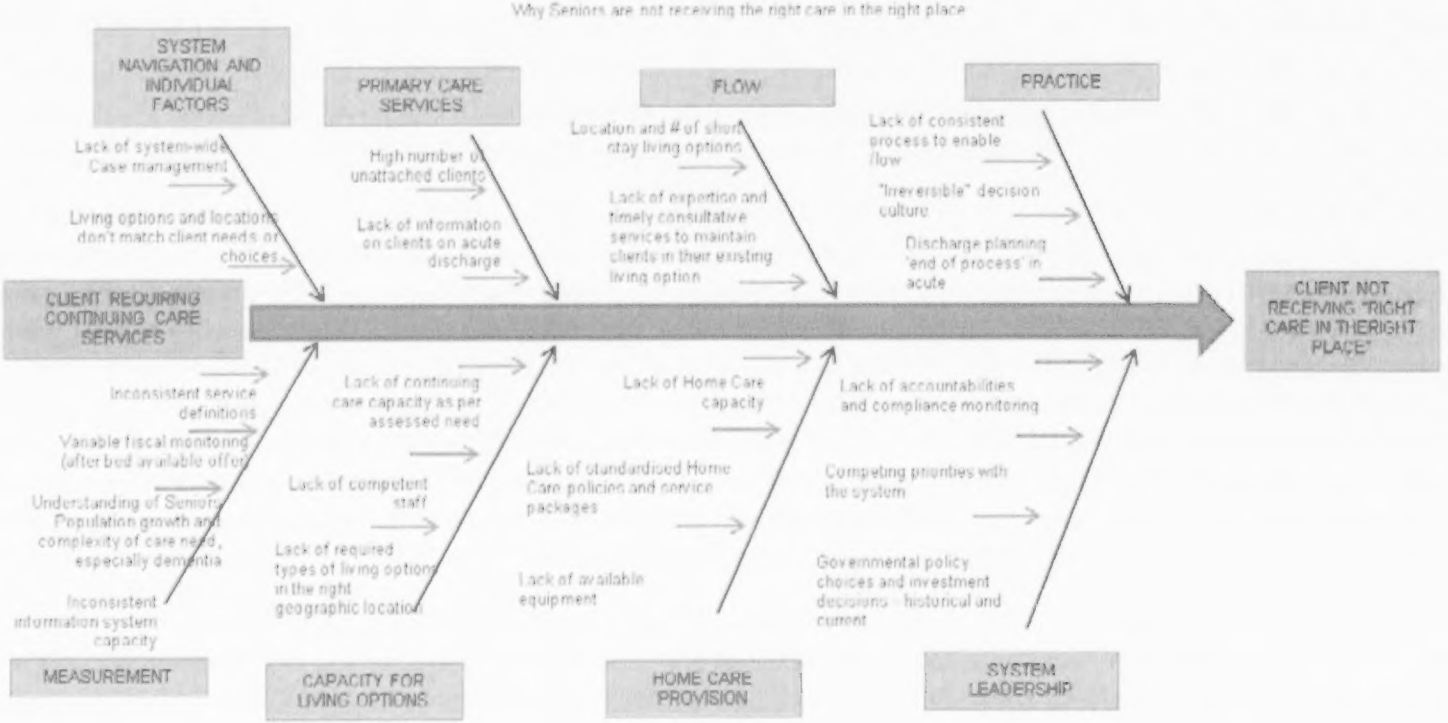
Improving Access, Reducing Wait Times TIP Drivers and Enablers


INFORMATION, NAVIGATION, PREVENTION
PRIMARY CARE ACCESS
SPECIALTY CARE ACCESS
PEOPLE, CULTURE, LEADERSHIP
Lack of access to personal care record and plan of care
Patient Portal Launch
Real Time ED wait time for Public
Personal and societal need for rapid, information and responsive systems
Lack of access to
Alberta Referral Directory
Closed loop Referral Management Program Development: Facilitated RFP
Integrated Care Pathway development for high volume, high cost, high impact conditions
Lack of relationships and communication as an access barrier
Independent practice with limited accountability for system performance
Variable interprofessional team approach
Need for leadership, stakeholder engagement in change, and enabling governance models
Standardized Wait Time Definitions
No real time wait list reporting and management, lack of data visibility
Real Time Data Monitoring in ED and IP (Rep.sc. Medworks)
Redundant and inappropriate testing
Poor access to results in a timely fashion
Inconsistency of ordering investigation practice related to integrated care plan
Overcapacity Protocols
Plan of Care and Flow Initiatives
Medical Assessment Units
Expand In Patient Beds
Surgical Blitz
Insufficient home care and community services
ED and Seniors Project
Home Care Redesign
Placement options don't match patient needs or desires
Fragmented community and social services
Need for earmarked resources
Competing priorities and external environmental influences
ALC contract restrictions, monitoring and compliance
Compensation models drive practice and create access barriers
MEASUREMENT
INVESTIGATIONS (LAB and DI)
ACUTE CARE ACCESS
CONTINUING AND COMMUNITY CARE ACCESS
RESOURCES

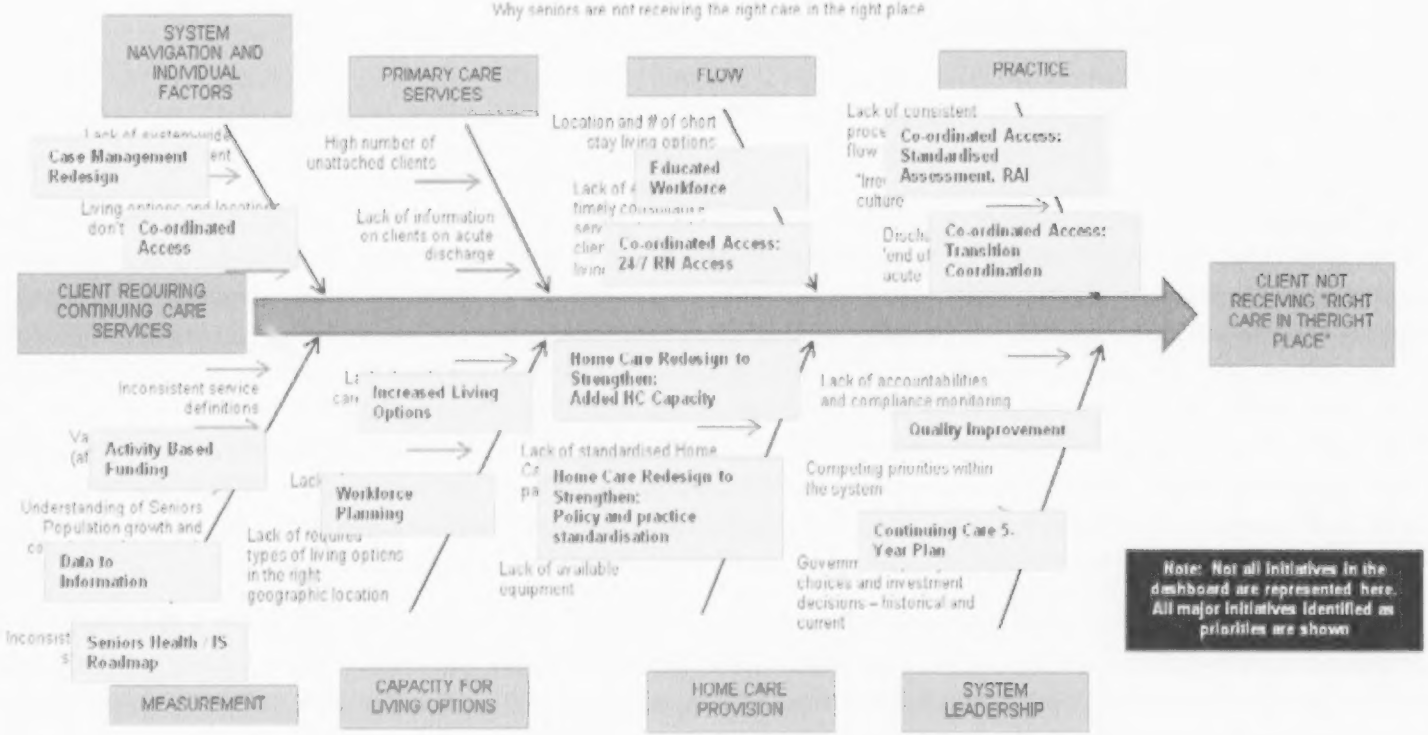
Alberta Health Services

Alberta Health Services

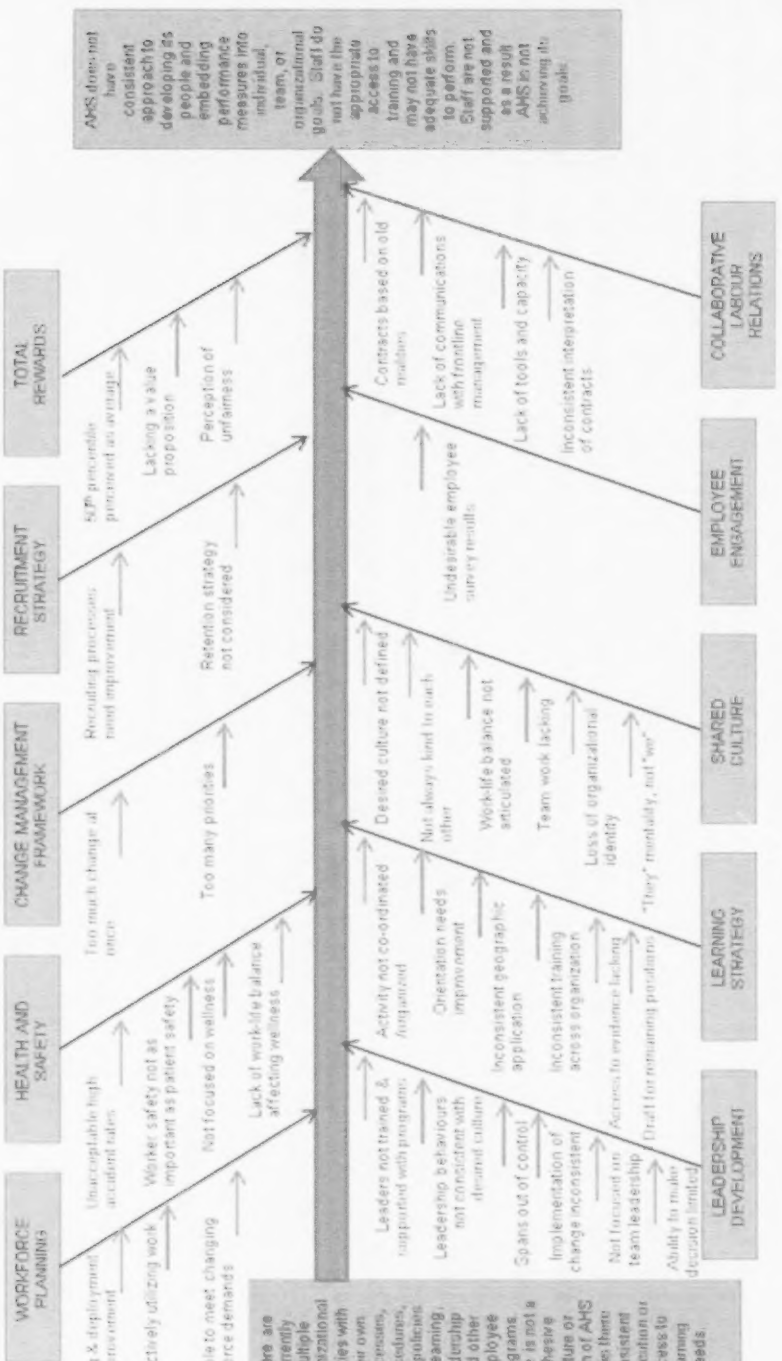
Choice and Quality for Seniors TIP Drivers


Why Seniors are not receiving the right care in the right place
SYSTEM NAVIGATION AND INDIVIDUAL FACTORS
PRIMARY CARE SERVICES
FLOW
PRACTICE
Lack of system-wide Case management
Living options and locations don't match client needs or choices
High number of unattached clients
Lack of information on clients on acute discharge
Location and # of short stay living options
Lack of expertise and timely consultative services to maintain clients in their existing living option
Lack of consistent process to enable flow
"Irreversible" decision culture
Discharge planning 'end of process' in acute
CLIENT REQUIRING CONTINUING CARE SERVICES
CLIENT NOT RECEIVING "RIGHT CARE IN THE RIGHT PLACE"
Inconsistent service definitions
Variable fiscal monitoring (after bed available offer)
Understanding of Seniors Population growth and complexity of care need, especially dementia
Inconsistent information system capacity
Lack of continuing care capacity as per assessed need
Lack of competent staff
Lack of required types of living options in the right geographic location
Lack of Home Care capacity
Lack of standardized Home Care policies and service packages
Lack of available equipment
Lack of accountabilities and compliance monitoring
Competing priorities with the system
Governmental policy choices and investment decisions - historical and current
MEASUREMENT
CAPACITY FOR LIVING OPTIONS
HOME CARE PROVISION
SYSTEM LEADERSHIP

Choice and Quality for Seniors TIP Drivers and Enablers

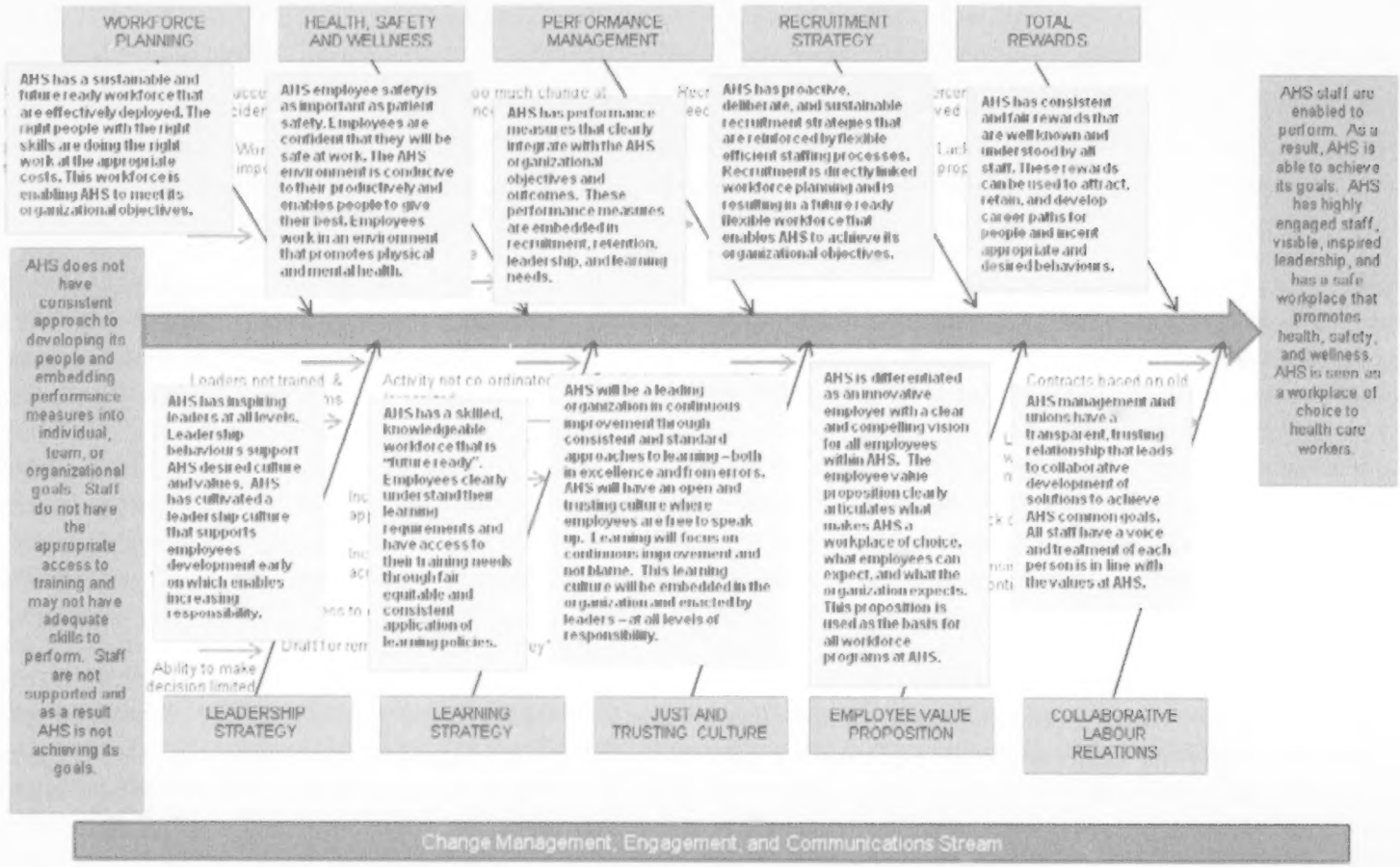

Why seniors are not receiving the right care in the right place
SYSTEM NAVIGATION AND INDIVIDUAL FACTORS
PRIMARY CARE SERVICES
FLOW
PRACTICE
Case Management Redesign
Co-ordinated Access
High number of unattached clients
Lack of information on clients on acute discharge
Location and # of short stay living options
Educated Workforce
Co-ordinated Access: 24 / RN Access
Lack of consistent
Co-ordinated Access: Standardised Assessment, RAI
Co-ordinated Access: Transition Coordination
CLIENT REQUIRING CONTINUING CARE SERVICES
CLIENT NOT RECEIVING "RIGHT CARE IN THERIGHT PLACE"
Inconsistent service definitions
Activity Based Funding
Increased Living Options
Home Care Redesign to Strengthen: Added HC Capacity
Lack of accountabilities and compliance monitoring
Quality Improvement
Lack of standardised Home
Home Care Redesign to Strengthen: Policy and practice standardisation
Competing priorities within the system
Workforce Planning
Understanding of Seniors Population growth and
Data to Information
Lack of required types of living options in the right geographic location
Continuing Care 5-Year Plan
Lack of available equipment
Seniors Health / IS Roadmap
Note: Not all initiatives in the dashboard are represented here. All major initiatives identified as priorities are shown
MEASUREMENT
CAPACITY FOR LIVING OPTIONS
HOME CARE PROVISION
SYSTEM LEADERSHIP

Alberta Health Services


Enabling Our People TIP Drivers
There are currently multiple organizational entities with their own processes, procedures, and policies for learning, leadership and other employee programs. There is not a cohesive culture or vision of AHS nor is there consistent application or access to learning needs.
WORKFORCE PLANNING
HEALTH AND SAFETY
CHANGE MANAGEMENT FRAMEWORK
RECRUITMENT STRATEGY
TOTAL REWARDS
LEADERSHIP DEVELOPMENT
LEARNING STRATEGY
SHARED CULTURE
EMPLOYEE ENGAGEMENT
COLLABORATIVE LABOUR RELATIONS
AHS does not have consistent approach to developing as people and embedding performance measures into individual, team, or organizational goals. Staff do not have the appropriate access to training and may not have adequate skills to perform. Staff are not supported and as a result AHS is not achieving its goals.
Not able to meet changing workforce demands
Not effectively utilizing work forces
Sourcing & deployment needs improvement
Lack of work-life balance affecting wellness
Not focused on wellness
Worker safety not as important as patient safety
Unacceptable high accident rates
Too many priorities
Too much change at once
Retention strategy not considered
Recruiting processes need improvement
Perception of unfairness
Lacking a value proposition
57th percentile
Draft for remaining portfolios
Access to guidance lacking
Not focused on team leadership
Ability to make decision limited
Inconsistent training across organization
Inconsistent geographic application
Orientation needs improvement
Leaders not trained & supported with programs
Spans out of control
Implementation of change inconsistent
Leadership behaviours not consistent with desired culture
Activity not co-ordinated /aligned
"They" mentality, not "we"
Loss of organizational identity
Team work lacking
Work-life balance not articulated
Not always kind to each other
Desired culture not defined
Undesirable employee survey results
Lack of tools and capacity
Lack of communications with frontline management
Inconsistent interpretation of contracts
Contracts based on old models

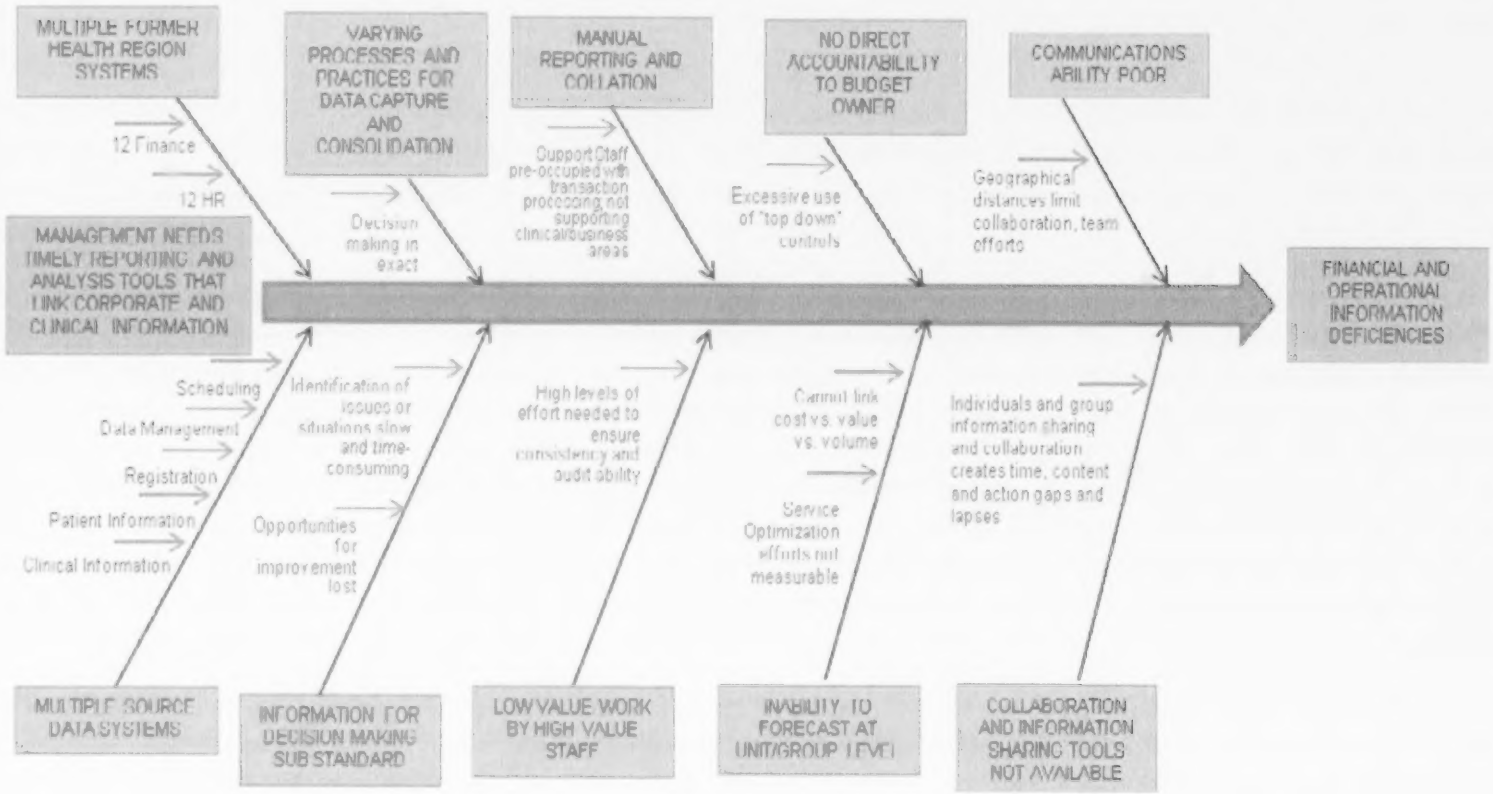
Alberta Health Services

Enabling Our People TIP Drivers and Enablers


WORKFORCE PLANNING
HEALTH, SAFETY AND WELLNESS
PERFORMANCE MANAGEMENT
RECRUITMENT STRATEGY
TOTAL REWARDS
AHS has a sustainable and future ready workforce that are effectively deployed. The right people with the right skills are doing the right work at the appropriate costs. This workforce is enabling AHS to meet its organizational objectives.
AHS employee safety is as important as patient safety. Employees are confident that they will be safe at work. The AHS environment is conducive to their productively and enables people to give their best. Employees work in an environment that promotes physical and mental health.
AHS has performance measures that clearly integrate with the AHS organizational objectives and outcomes. These performance measures are embedded in recruitment, retention, leadership, and learning needs.
AHS has proactive, deliberate, and sustainable recruitment strategies that are reinforced by flexible efficient staffing processes. Recruitment is directly linked workforce planning and is resulting in a future ready flexible workforce that enables AHS to achieve its organizational objectives.
AHS has consistent and fair rewards that are well known and understood by all staff. These rewards can be used to attract, retain, and develop career paths for people and incent appropriate and desired behaviours.
AHS staff are enabled to perform. As a result, AHS is able to achieve its goals. AHS has highly engaged staff, visible, inspired leadership, and has a safe workplace that promotes health, safety, and wellness. AHS is seen as a workplace of choice to health care workers.
AHS does not have consistent approach to developing its people and embedding performance measures into individual, team, or organizational goals. Staff do not have the appropriate access to training and may not have adequate skills to perform. Staff are not supported and as a result AHS is not achieving its goals.
AHS has inspiring leaders at all levels. Leadership behaviours support AHS desired culture and values. AHS has cultivated a leadership culture that supports employees development early on which enables increasing responsibility.
AHS has a skilled, knowledgeable workforce that is "future ready". Employees clearly understand their learning requirements and have access to their training needs through fair equitable and consistent application of learning policies.
AHS will be a leading organization in continuous improvement through consistent and standard approaches to learning – both in excellence and from errors. AHS will have an open and trusting culture where employees are free to speak up. Learning will focus on continuous improvement and not blame. This learning culture will be embedded in the organization and enacted by leaders – at all levels of responsibility.
AHS is differentiated as an innovative employer with a clear and compelling vision for all employees within AHS. The employee value proposition clearly articulates what makes AHS a workplace of choice, what employees can expect, and what the organization expects. This proposition is used as the basis for all workforce programs at AHS.
AHS management and unions have a transparent, trusting relationship that leads to collaborative development of solutions to achieve AHS common goals. All staff have a voice and treatment of each person is in line with the values at AHS.
LEADERSHIP STRATEGY
LEARNING STRATEGY
JUST AND TRUSTING CULTURE
EMPLOYEE VALUE PROPOSITION
COLLABORATIVE LABOUR RELATIONS
Change Management, Engagement, and Communications Stream

Enabling One System TIP Drivers

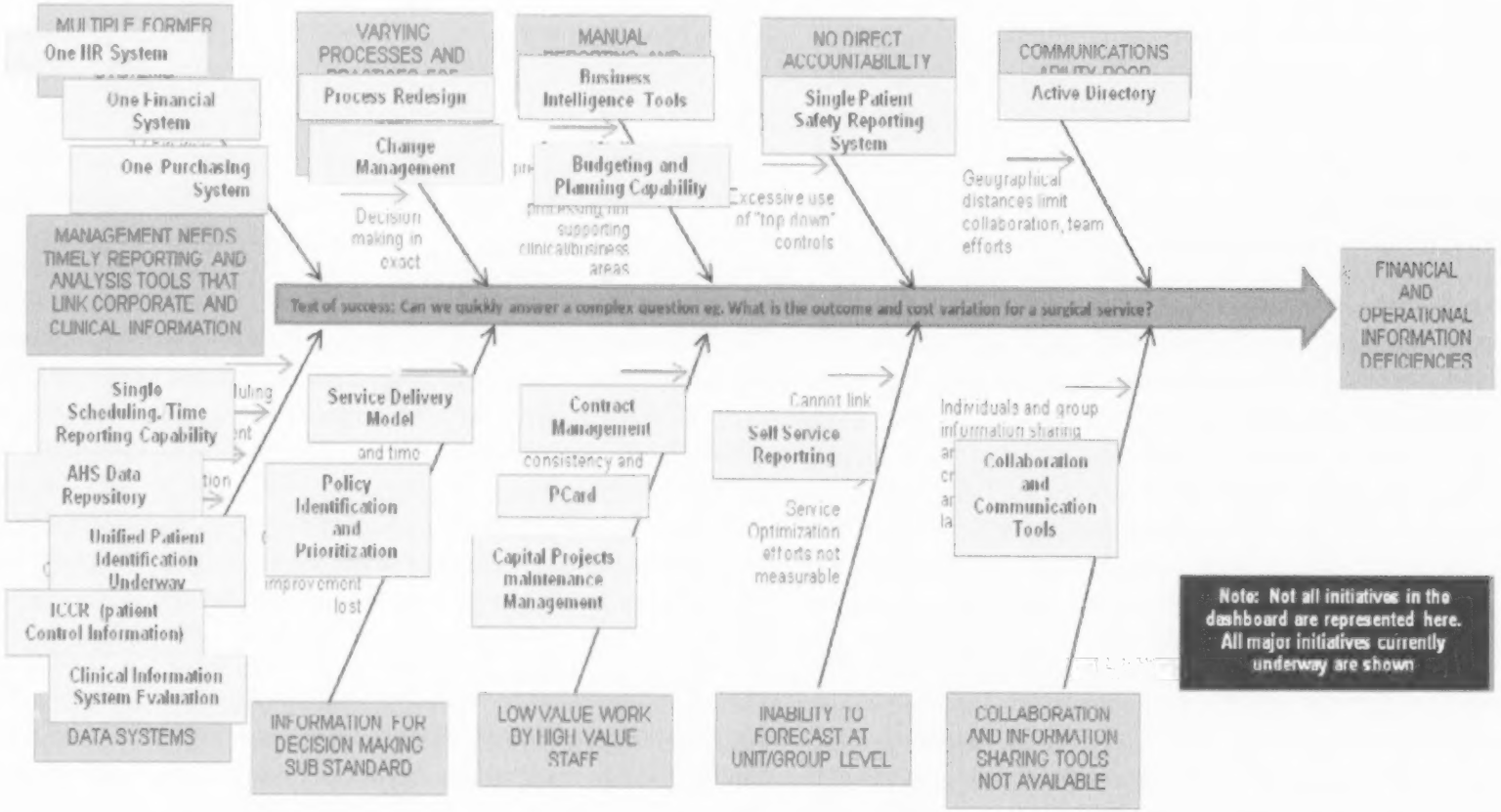
Why repeatable, auditable and reconcilable integrated operational, human resource and financial information is not readily available for the entire Alberta Health Services organization


MULTIPLE FORMER HEALTH REGION SYSTEMS
VARYING PROCESSES AND PRACTICES FOR DATA CAPTURE AND CONSOLIDATION
MANUAL REPORTING AND COLLATION
NO DIRECT ACCOUNTABILITY TO BUDGET OWNER
COMMUNICATIONS ABILITY POOR
12 Finance
12 HR
MANAGEMENT NEEDS TIMELY REPORTING AND ANALYSIS TOOLS THAT LINK CORPORATE AND CLINICAL INFORMATION
Decision making in exact
Support Staff pre-occupied with transaction processing not supporting clinical/business areas
Excessive use of "top down" controls
Geographical distances limit collaboration, team efforts
FINANCIAL AND OPERATIONAL INFORMATION DEFICIENCIES
Scheduling
Data Management
Registration
Patient Information
Clinical Information
Identification of issues or situations slow and time-consuming
Opportunities for improvement lost
High levels of effort needed to ensure consistency and audit ability
Cannot link cost vs. value vs. volume
Service Optimization efforts not measurable
Individuals and group information sharing and collaboration creates time, content and action gaps and lapses
MULTIPLE SOURCE DATA SYSTEMS
INFORMATION FOR DECISION MAKING SUB STANDARD
LOW VALUE WORK BY HIGH VALUE STAFF
INABILITY TO FORECAST AT UNIT/GROUP LEVEL
COLLABORATION AND INFORMATION SHARING TOOLS NOT AVAILABLE

Alberta Health Services

Enabling One System TIP Drivers and Enablers

Why repeatable, auditable and reconcilable integrated operational, human resource and financial information is not readily available for the entire Alberta Health Services organization


MULTIPLE FORMER
One HR System
One Financial System
One Purchasing System
MANAGEMENT NEEDS TIMELY REPORTING AND ANALYSIS TOOLS THAT LINK CORPORATE AND CLINICAL INFORMATION
VARYING PROCESSES AND
Process Redesign
Change Management
Decision making in exact
MANUAL
Business Intelligence Tools
Budgeting and Planning Capability
processing not supporting clinical/business areas
NO DIRECT ACCOUNTABILITY
Single Patient Safety Reporting System
Excessive use of "top down" controls
COMMUNICATIONS
Active Directory
Geographical distances limit collaboration, team efforts
Test of success: Can we quickly answer a complex question eg. What is the outcome and cost variation for a surgical service?
FINANCIAL AND OPERATIONAL INFORMATION DEFICIENCIES
Single Scheduling, Time Reporting Capability
AHS Data Repository
Unified Patient Identification Underway
ICCR (patient Control Information)
Clinical Information System Evaluation
DATA SYSTEMS
Service Delivery Model
and time
Policy Identification and Prioritization
improvement lost
INFORMATION FOR DECISION MAKING SUB STANDARD
Contract Management
consistency and
PCard
Capital Projects maintenance Management
LOW VALUE WORK BY HIGH VALUE STAFF
Cannot link
Self Service Reporting
Service Optimization efforts not measurable
INABILITY TO FORECAST AT UNIT/GROUP LEVEL
Individuals and group information sharing
Collaboration and Communication Tools
COLLABORATION AND INFORMATION SHARING TOOLS NOT AVAILABLE
Note: Not all initiatives in the dashboard are represented here. All major initiatives currently underway are shown

Appendix III

Value Assessment

The value assessment methodology provides clarity on the values/benefits/achievements that will flow from significant changes and facilitates making decisions, setting priorities and ensuring a consistent system exists for reviewing proposals, initiatives and business cases. It is a tool to assist with decision making in an increasingly complex environment. A scale-based scoring system for value is used, which enables very different proposals to be understood in terms of relative merit. Value assessment consists of a framework and template (for more detailed business case review) as well as a simplified checklist as a quick review to assess alignment of proposals (as follows). These tools provide a high-level ranking of initiatives relative to each other against the system-level benefit. In the more detailed value assessment template each initiative is scored on a scale between 0 and 5:

0. No direct impact or influence on the identified performance measure
1. Little benefit – no ability to spread/implement provincially
2. Some benefit – local or limited impact
3. Significant benefit – Alberta Health Services wide impact/benefit
4. Major benefit expected across Alberta Health Services/affecting significant populations
5. Greatest benefit - high potential to exceed/provide faster delivery of care/service

The Value Assessment Framework also assesses the value added against the risks involved as a balance for decision making. For example, some initiatives may score high in value and low in risk, which would indicate that the initiative should be strongly considered. Other initiatives may score lower on value but higher on risk, such as foundational initiatives that support needed organizational systems, making the risk high if not resourced.

The Alberta Health Services Enterprise Risk Management approach uses a scoring system for consequences/impact and likelihood. Consequences/impacts are rated from "negligible" to "extreme" and likelihood is described as "rare" to "very likely." The consequences considered include quality and patient safety, policy, external environment and public confidence, human capital, infrastructure, and finance. Once scores have been determined for value and risk, the next step is the resource commitment indicating investment, disinvestment, or reallocation, while also considering the cost avoidance, savings and return on investment as appropriate.

The Dimensions of Value Checklist that follows is the first step in determining alignment with Alberta Health Services' organizational goals and objectives, which reflect the 5-Year Health Action Plan and performance measures and potential for value added. It should be noted that this framework will continue to be modified and refined over time.

Dimensions of Value Checklist Performance Measures have been summarized within the Dimensions of Value			
Value Dimension	**Tier One #**	**Alberta's Health System Performance Measures**	**Check Applicable Measure(s)**
Population Health			
1 Life expectancy disparities reduced			
	2.1	Increase life expectancy	
	2.1	Decreases life expectancy variance with First Nations Albertans	
2 Potential life years lost			
	2.2	Decrease potential life years lost (< 75 years lived)	
	1.17, 1.18	Prevents communicable diseases: Increases rates for Influenza and/or childhood immunization	
Health Services			
Acceptability and Access			
3 Patient reported experience and outcomes			
	3.1 – 3.11	Increases Patient satisfaction with acute care, continuing care, ED, EMS, Addiction and Mental Health	
4 Fair time to wait			
	1.16	Increases access to Mental Health Services for children	
	1.1 – 1.5	Decreases wait time for surgery: cardiac, hip, knee replacement, cataract, other	
	1.6,1.7	Decreases wait time for appointment with Radiation Oncologist and/or for radiation treatment	
	1.8,1.9	Decreases ED LOS: to discharge and/or to admit	
	1.12 – 1.14	Decreases waitlist for continuing care beds: acute/sub acute, community, and/or LOS while waiting	
Quality			
5 Appropriateness of care (right care, right place, right need, right provider)			
	1.10	Decreases admissions for ambulatory care sensitive conditions	
	1.11	Decreases Family Practice sensitive conditions	
	n/a	Decreases Health Link wait times	
	1.15	Increases number of appropriate Home Care Clients: short-term, long-term, palliative	
6 Standardized, evidence informed care improved, reduced variability			
	4.5 – 4.7	Increases the quality and use of Information Technology and Management: increases number of Net care Users, works towards one IT system, creates savings	
	1.19	Decreases Never (adverse) Events	
7 Reduced harm			
	1.20	Decreases in infection rates: MRSA and/or surgical site infections	
	1.21	Decreases disabling injury rate for staff	
Efficiency/Sustainability			
8 Cost for required outcome benchmarked to the best in peer group			
	4.8	Adheres to five-year budgeted Government funding	
Creates Provincial Foundational Infrastructure			
	4.1,4.2	Improves health workplace planning: decreases ratio of headcount to FTE, increases percentage of Alberta RN grads hired	
	4.4	Increases Staff and Physician engagement	
	5.1 – 5.5	Is included in/contributes to the creation of a strategy cycle for coordinated whole organization planning	
	5.6	Ensures/provides opportunities for community engagement and public consultation	
	5.7,5.8	Contributes directly to achievement of acceptable accreditation status	

Appendix IV

Key Enablers for Successful Change

A wide variety of enablers must be in place to successfully implement change of this magnitude. These enablers include how we organize, how we work with one another and how we use all available resources and assets in the most effective way. The key enablers are identified as:

- Financial plan
- Workforce
- Physical infrastructure
- Information technology
- Risk management
- Research and innovation
- Quality improvement
- Engagement

Financial Plan

A multi-year funding commitment by Alberta Health and Wellness supports the longer-term financial planning and management of health service planning, development and delivery. Having funds and allocating funds to support ongoing operations and new transformational priorities is essential to achieving the outcomes desired. The Financial Plan for 2011/2012 is summarized in section 2.3 of this document.

Workforce

Alberta Health Services recognizes that employees are its greatest asset in becoming the best-performing health system in Canada. Creating an effective and efficient workforce is a top priority. The commitment of Alberta Health Services to supporting staff in achieving excellence in everything they do is reflected by establishing innovative leadership and professional development programs and acknowledging the extraordinary contributions of Alberta Health Services employees. Alberta Health Services will ensure its employees have the information and tools they need to consistently deliver outstanding care. In addition, the organization has initiated an engagement process that involves key stakeholders in generating strategies for maintaining a proficient and sustainable health workforce into the future. This enabler is described in more detail in the Transformation Improvement Program: Enabling Our People to Achieve Excellence in Providing Health Services.

Physical Infrastructure

Alberta Health Services owns or leases over 3 million m2 of building space across the province, from large acute care hospitals and continuing care centres to office buildings and storefront community health centres. Managing and maintaining this property portfolio is a substantial task. Properly designed and well-maintained health facilities are an essential enabler to the 2011 – 2015 Health Plan. In particular, it is important that new facilities be planned and constructed to provide appropriate, additional service capacity where and when needed. Since large capital projects can take five to seven years from conception to completion, the longer-term view and direction provided by the Health Plan helps ensure that new facilities support the amount and type of service our growing and changing population requires. At present, over $3.3 billion of capital projects have been initiated and the Alberta Health Services 2011 – 2014 Capital Submission proposed a further $1.5 billion in construction and renovation work. The Capital Submission was based on five key objectives:

1. Support and enable the Alberta Health Services Health Plan, strategic directions and service delivery plans
2. Ensure functional, safe, comfortable physical environments for patients, clients, staff and physicians
3. Advance Alberta Health Services as a corporate leader in environmentally friendly, energy efficient and sustainable building design
4. Make best use of available land and building resources
5. Accommodate new technologies and re-engineered business processes

Although Alberta Health Services is in the process of transitioning the responsibility for planning and implementing large existing and new capital projects to Alberta Infrastructure, we are confident that the above principles and the long range Health Plan will continue to guide our joint capital planning efforts.

Information Technology/Infrastructure

Information technology (IT) is essential to integrating Alberta Health Services' strategic directions and Health Plan and to achieving organizational goals. Alberta Health Services has identified key areas of focus to achieve and strategically meet the goals of improving quality, access and sustainability under the Transformational Improvement Programs (TIPs). Each TIP identifies its highest priority actions and the related supporting IT requirements and capabilities. Much of the IT focus will be directed at supporting identified priorities.

IT continues to support access and improve quality and sustainable care through implementation of the electronic health record, the electronic medical record, electronic documentation and device integration. These initiatives will reduce nursing time spent on charting and allow time for other care activities. eCharting will reduce medical record costs by decreasing the staff and storage needs related to paper records. Computerized Physician Order Entry with Clinical Decision Support will reduce patients' length of stay and decrease adverse drug events, by standardizing care to best practices, optimizing order sets and providing context-specific alerts/reminders.

To support sustainability, optimized **business processes and automated workflows** will be enabled that incorporate ongoing process analysis and improve measurable outcomes.

Access and connectivity include network access to information, tools (devices and applications), services (internal and external) – including both physical and wireless services and system access – and service delivery. This provides a secure information network with access to the right information and technologies, at the right place, and at the right time, for quality and timely services ranging from public health to ambulatory and acute care and physician and clinical services. The Personal Health Portal and Netcare are examples of network-enabled services to the public, patients, and health-care providers that facilitate patients as partners in health.

Assuring **security and privacy** of information for all parties that provide and receive health services is required to sustain the health system and provide quality care.

Education and learning services and help desk services **support workforce** and the sustainability of and access to the delivery of health services across the system. Collaboration in the provision of corporate shared services will further reduce costs and improve efficiencies as Alberta Health Services implements the Corporate Service Delivery Model.

A wide variety of information technologies and infrastructure will be required to enable transformational change. Significant investment is currently underway to provide a foundation for delivering care into the future. The newly developed Health Technology Assessment and Innovation Branch will also identify and stimulate the adoption of health-care technologies and innovations to improve access, quality and sustainability.

Risk Management

The following table illustrates some of the major risks Alberta Health Services has identified and the management strategies that are being employed to mitigate the risks. Risk identification and assessment is continually monitored and updated as part of our Enterprise Risk Management Strategy.

Risk	Management Strategies
Quality and Patient Safety	
Risk of ongoing occurrence of adverse event resulting in harm	1. Prioritize clinical policy development 2. Establish a Patient Safety Reporting and Learning System (RLS) - web based 3. AHS approach to the immediate and continuing management of Notifiable Adverse Events 4. Provincial Clinical Network systems established to create clinical care best practices 5. Continue ongoing Accreditation Canada process self-assessment, action planning, on-site survey, Accreditation Canada recommendations and required follow-up, ROP risk analysis) 6. Continue patient safety trend identification process
Failure to meet key AHW wait time targets	1. Assess current wait times vs. priority Tier 1 targets 2. Analyze specific wait time improvement strategies – focus on key constraints within AHS, not just wait time for specific Tier 1 measure 3. Develop detailed work plan to address wait times 4. Implement quick wins / tactical responses to address immediate wait time concerns
Lack of a standard approach and expertise in improvement and redesign	1. Implement Alberta Improvement Way provincewide 2. Incorporate change management initiatives into standardized approaches – linked to Program Governance Office (PGO) 3. Include milestone tracking (performance management) in quarterly reporting
External Environment and Public Confidence	
Organizational awareness of and response to public/patient satisfaction issues	1. Improve internal processes for measurement of patient feedback 2. Improve communications with Health Quality Council of Alberta and their periodic surveys 3. Increase operational visibility of public/patient satisfaction results - align with performance targets 4. Establish performance targets at the operational level
Loss of public, government confidence and trust	1. Launch of external communication around the Five Point Plan + Action On Series 2. Link proactive media and non-media points of contact – dedicated team to manage proactive messages 3. Identify issues and manage process – engagement with patient advocates and patient representatives 4. Work with AHW to further develop joint plan for health system improvement (5-Pt Plan) 5. Use Apple magazine, in-house video communication, web-user surveys, media monitoring 6. Increase publication of reports on performance measures and targets
Human Capital	
Failure to engage the workforce	1. Implement leadership training initiatives and expand learning and development for managers 2. Implement workforce engagement plan 3. Facilitate two-way communication via employee forums for questions/feedback 4. Encourage autonomy - cascading budget and decision making within organization 5. Realize AHS vision to be the best-performing publicly funded health system in Canada 6. Promote a culture of appreciation of AHS employees
Failure to resource change	1. Acquire necessary resource requirements 2. Establish PGO to track and manage initiatives and progress – formal status updates to executive 3. Set and align priority projects to allow enterprise-wide initiative prioritization 4. Filter down information to operational level (prioritize workloads; allocate/assign resources; identify capacity/ capability gaps)

Risk	Management Strategies
Failure to achieve workforce optimization	1. Improve the deployment of staff resources (Clinical Workforce Plan) 2. Implement leadership training initiatives 3. Implement change management supports 4. Ensure adequate skill sets through competency assessment development 5. Improving succession planning 6. Implement Human Resources Strategy
Failure to provide a safe and injury-free work environment to AHS employees	1. Establish and support a culture of workplace health and safety through increased training, communication, employee engagement and enforcement of policies and procedures 2. Improved compliance to CSA Z1000-06; elevate health and safety management controls and policies to compliance; approximately 205 programs are planned 3. Enable leadership at various levels to accept management accountability of WHS - i.e. incorporate WHS metrics (e.g. disabling injury rate) into their performance agreements
Infrastructure and Finance	
Financial decision making based on incomplete and/ or unreliable data. Budget objectives at risk	1. Implement one P2P system and one HRMS system feeding into the existing AHS GL, including implementation of the Self Service Reporting (SSR) module 2. Implement position management system 3. Initiatie new integrated systems for budget and management reporting 4. Devote additional resources to merger challenges 5. Monitor budget compliance – monthly budget reports
Transfer of active and new capital projects over $5 million, including staff to Alberta Infrastructure	1. Have Capital Management work through the transition with AI/AHW to encourage and support staff in their decisions 2. Use the 10 to 15 liaison positions created to ensure individuals with the right skills can advise government through the planning, design and construction of all major capital projects 3. Increase communication between AI and AHS through site orientation, regular communication meetings
Failure in data integrity	1. Implement two-year plan to improve network security capabilities 2. Establish escalation and recovery procedures 3. Use IT Major Incident Process (includes appropriate escalation, documentation and communication processes) 4. Improve the coordination of changes to the IT environment
Failure to sustain IT legacy systems	1. Develop a replacement strategy and contingency capability, i.e. down-time procedures 2. Strengthen skills, support and technology for legacy systems
Failure to provide robust data to support planning, decision making and performance reporting	1. Improve availability of data – AHS Data repository for reporting 2. Improve robustness of available data – Data Quality and Operational Readiness Framework 3. Improve consistency of available data (establish consistent data standards and definitions) 4. Use analytics of data to support decision making 5. Ensure AHS Quarterly Performance Report aligns with health plan
Failure of key clinical equipment	1. Have equipment inventory listing and replacement plan 2. Roll out provincial preventative maintenance system 3. Integrate maintenance information provincewide

Research and Innovation

Alberta Health Services needs to embrace innovative solutions to meet current and anticipated future challenges. We also need to support research to improve health and health care. Alberta Health Services will support research and will use research-based evidence, best practice and models to provide a roadmap to high productivity and improved outcomes. The Alberta Health Innovation and Research Strategy highlights the importance of translating research into action and being forward-looking in meeting existing and emerging population-based health challenges in Alberta. This is a shared objective for Alberta Health Services, universities, Alberta Health and Wellness, and Alberta Advanced Education and Technology. In addition, the development and implementation of a framework for making knowledge work in the organization will further support the transfer and uptake of knowledge in support of service innovation and improvement.

Alberta Health Services also employs population-based and health service utilization information in planning and delivering appropriate services. Ensuring data quality is essential to monitoring, tracking and improving health system performance.

Quality Improvement

Driving improvement in all areas of clinical services and support functions is essential to delivering on Alberta Health Services' strategic goals of quality, access and sustainability. The lack of a single provincewide improvement approach has hampered our ability to deliver sustained results.

The **Alberta Health Services Improvement Way (AIW)** is an enterprise-wide approach that has been developed and launched. It features four core "steps" and is supported by two parallel activities that ensure the success of change efforts and the growth of Alberta Health Services as a learning organization.

1. Define opportunity: describe issue/problem, clarify costs/impact, confirm priority and link to Alberta Health Services' strategy, stated vision and/or desired outcome(s).
2. Build understanding: validate opportunity, baseline performance, use facts/data and evidence-informed inputs to pinpoint causes, assess risks.
3. Act to improve: identify/select actions based on cost, benefit, and buy-in; document implementation plans, test and measure results, manage risks, refine/standardize best practices.
4. Sustain results: ensure ongoing measurement and monitoring, update accountability and support systems, plan for continuous improvement.

Activities that support the change include:

1. Manage change: assess impact on staff, providers and patients; engage and build support for improvement among all key stakeholders, act to ensure adoption.
2. Share learning: communicate discoveries, successes, challenges, best practices and leverage improvements.

Implementing the Alberta Health Services Improvement Way plan includes four primary strategies:

- **Governance:** Developing the leadership skills, practices and tools to help our transition to a common method, and to guide improvement efforts in all areas of the organization through better alignment, measurement, innovation and change management

- **Communication and Culture:** Spreading the word about the "what and why" of the Alberta Health Services Improvement Way, and identifying creative but powerful ways to integrate the method into how we think and work
- **Capability/Capacity:** Building effective, consistent and Alberta Health Services-focused training and support for using the Alberta Health Services Improvement Way. We will ensure its accessibility to every level of the organization and expand expertise in world-class improvement methods, as well as in the equally critical "everyday" problem-solving skills our clients/patients rely on
- **Application:** Supporting the organization in identifying the most appropriate opportunities and then using the Alberta Health Services Improvement Way to effect valuable, sustainable improvement

Engagement

Some initial engagement has occurred with this plan; however, it is recognized that it is very preliminary in nature. To proceed with implementation of this plan, it is critical Alberta Health Services engages with patients, staff, physicians and the public. This engagement will need to occur in a multitude of ways, and will include the use of both formal structures – such as the Health Advisory Councils and the Alberta Clinicians Council – along with a variety of other engagement processes that are created and tailored to meet the requirements of specific strategies and initiatives. Most importantly, the patients and recipients of care and services need to be informed, involved and play an active part in these changes. This includes both participating in individual episodes of care and in discussing changes in sites, services and core processes. A focus on connecting with the public and strong communication strategies is essential as we move forward. A number of groups can assist with engagement activities:

Health Advisory Councils

Alberta Health Services has 12 Health Advisory Councils across the province. Health Advisory Councils are comprised of 10 to 15 volunteer members of the Alberta public who are selected through a provincewide recruitment drive. All members are appointed by the Alberta Health Services Board. Membership is a two- or three-year term and members are expected to represent the voice of the community for the local geographical area related to their council. Members include individuals who possess deep connections with diverse communities and knowledge about local issues that can be brought forward during council meetings.

The objective of the Health Advisory Councils is to advise Alberta Health Services on health care in the best interest of Albertans. Health Advisory Councils will provide meaningful opportunities for public engagement with the organization by gathering input and feedback on local health service delivery issues in communities across the province. Provincial Advisory Councils for Addiction and Mental Health and Cancer Care will be established in 2011/2012. Council operations are supported through the Alberta Health Services department of Community Engagement. Each Council has a community engagement officer to ensure consistency across the councils and to act as a bridge to Alberta Health Services. This vehicle for public engagement is extremely valuable as we move forward with this plan.

Foundations and Auxiliaries

Alberta Health Services works with 74 foundations of varying sizes with whom we have a direct relationship through legislation or who have committed to support the organization as their primary beneficiary. Foundations contribute approximately $158 million annually to support excellence in health care.

Alberta Health Services is also supported by approximately 64 hospital auxiliaries throughout the province who contribute over $2 million annually to support local health-care services. These are local organizations which have supported health-care services over decades, and in some cases over the last 80 years. They are significant stakeholders in that they are grassroots volunteers who rightly take great pride in the contribution they make to local health services. In addition to the funds hospital auxiliaries have provided to support health care in Alberta, these organizations provide Alberta Health Services with an extraordinary opportunity to engage the community in the work we do through their extensive networking and collaboration in the community.

Alberta Clinicians Council and Clinical Networks

The initiation of Alberta Clinician Council (ACC) and Clinical Networks is a significant commitment by Alberta Health Services to clinician engagement and involvement in decision making. Clinical engagement enables shared accountability between clinicians and the organization and enhances a "quality culture" by empowering clinicians and improving collaboration. Effective clinical engagement has the potential to improve health-care delivery, enhance the patient's experience and outcomes, increase employee satisfaction and aid recruitment and retention.

The ACC will provide advice and support on significant clinical strategic issues and organizational priorities related to quality, access and patient safety. The Clinical Networks will engage clinicians, patients and other support departments in their decision making about clinical service planning and implementation, clinical practice improvement, quality, and patient safety. Clinical Networks are "on the ground" working groups that will be diving deep into evidence-based, targeted work, developing service models and clinical pathways, and seeking out leading practices that are applied consistently across the province.

Patient and Family Advisory Council

The Alberta Health Services Patient and Family Advisory Council has been established to ensure that the voice, experience and perspective of patients/families is included in the planning and delivery of health-care services. The Council advises Alberta Health Services' senior leaders, health-care providers, staff and physicians on policies, practices, planning and delivery of health-care services from the patient/family perspective. Council involvement may include advising on professional practice and service redesign projects and initiatives; advising on patient/family-centred care principles; assisting in educating both staff and the public around these principles and practices; advocating for patient/family-centred care and patient engagement throughout the organization; and serving as advisors for patient experience for education and communicating about patient/family-centred care.

The Patient and Family Advisory Council is a formal council of patients and families. It is comprised of 15 to 20 patients and family members from across Alberta who have a variety of health service–related experiences. Members bring diversity to the council in terms of their geographic locale, age, gender, culture, ethnicity, education, employment, and physical ability. Members also bring other skills, abilities, experiences, and networks to help advance the work of the council.

Partnerships

Alberta Health Services will work in partnership with Alberta Health and Wellness to deliver this plan. To move forward on this plan, it is clear that it will require strong collaboration with a wide variety of other stakeholders. We currently have a number of long-standing collaborative relationships which bring great strength to our organization. However, a web of existing and new relationships with external stakeholders is now required to address health-care challenges and deliver on our future service directions.These partnerships and collaborations need to be considered in all realms, including partnerships that are beyond traditional health-care delivery systems, or our typical practice.

Partnerships work along a continuum of formal through informal relationships; a variety of types of "partnerships" will be required as we move forward. Working with others will enable Alberta Health Services to understand the unique needs and opportunities for collaborating to improve health for specific populations (e.g., Aboriginal communities, persons with disabilities, lone parents, recent immigrants, etc.).

As described in the initial sections of this document, most of the challenges faced by Alberta Health Services are not unique and are being experienced by health systems throughout the world. As there is a global hunt for solutions, it is important that we work with other health systems to capitalize on their best practices. These kinds of health system partnerships need to occur at the international, national, provincial and local levels.

The importance of working with other health-care providers is self-evident, especially related to the strategic directions of integration. Partnering and working with professional associations and unions will also be critical as we introduce new ways of working.

Inter-sectoral relationships are fundamental to the strategic directions of connecting with people at a community level. It is critical to foster such relationships and work with organizations such as school boards, United Way services, YMCA, YWCA, family service organizations, cities, towns and communities.

Developing stronger collaboration with health-care educators is becoming increasingly important. Along with education, greater emphasis on the relationship between health-care delivery and research is critical to where we want to be in the future. Other broad types of partners include businesses, contract providers, and a variety of philanthropic organizations and foundations.

Finally, as described elsewhere in this document, the most important partnerships of all will be those that we create with all people in Alberta to enable them to participate in their own health and health care.

Alberta Health
Services